

Preventive Ethics Toolkit

**A manual for the Preventive Ethics
Coordinator**

Contents

Foreword

Tab 1. Introduction to IntegratedEthics

IntegratedEthics: Improving Ethics Quality in Health Care

Tab 2. Instructions for the Coordinator

(Includes instructions for members of the IntegratedEthics Council)

Roles and Responsibilities

Timeline

Description of Tasks

Tab 3. Contact Information

Tab 4. Communications Materials

Introduction

Improving Ethics Quality: Looking Beneath the Surface

IntegratedEthics: Closing the Ethics Quality Gap

A Brief Business Case for Ethics

Tab 5. Video Course

Tab 6. Tools

Foreword

Welcome to the IntegratedEthics program. We're pleased that you've agreed to play a leadership role in this national initiative to improve ethics quality in health care.

This toolkit provides the basic information and resources to implement IntegratedEthics in your facility, specifically:

- an overview of the **IntegratedEthics model** and **program management**, including descriptions of program structure and the roles of key program personnel
- an overview of the **three core functions** of an IntegratedEthics program
- your **responsibilities** as one of the leaders or coordinators of IntegratedEthics in your facility
- a **task list and timeline** for carrying out your responsibilities
- a **set of tools** to help you accomplish each task

This toolkit is meant to provide a starting place. We envision an interactive process by which facilities can share their best practices—and lessons learned—with one another over time. As you embark on your IntegratedEthics program, we invite you to make it your own. Although each VHA facility comes to this project with unique challenges and opportunities, you'll want to engage with other facilities in your VISN and with the national IntegratedEthics community to help you brainstorm solutions to implementation problems and exchange ideas as you go forward. The National Center for Ethics in Health Care is available to help and to provide additional information and resources to respond to your special needs. We look forward to working with you.

Tab I
Introduction to Integrated Ethics

IntegratedEthics: Improving Ethics Quality in Health Care

VA: A Leader in Quality and Organizational Change

VA has become the standard-bearer for quality in American health care. VA consistently outperforms other health care organizations on a wide range of quality measures.[1,2] Publications from *The New York Times* and *The Washington Post* to *Business Week* and *Washington Monthly* laud VA for providing “the best care anywhere,”[3–6] and today’s VA makes headlines for outranking private health care organizations in customer satisfaction.[4,5] The Agency has been equally lauded as a “bright star” in patient safety.[7] And VA’s electronic health record system has earned it Harvard University’s prestigious “Innovations in American Government” award.[8]

How did an enormous, public health care system with finite resources take the lead in quality? VA’s impressive examples of excellence have resulted from the work of visionary leaders and dedicated staff deliberately creating organizational change. Each organizational change initiative was innovative and established a new national standard that was subsequently adopted by other organizations. Each was based on a recognized need and supported by top leadership. Each was carefully designed and field-tested before being implemented on a national scale. Each involved centrally standardized systems interventions that affected staff at all levels. Each was supported by practical tools and education for staff. And each required not only significant shifts in thinking on the part of individuals, but also significant changes in organizational culture.

As the largest integrated health care system in the United States and a recognized leader in quality and organizational change, VA is now poised to take on a new challenge: to disseminate a systems-focused model to promote and improve ethical practices in health care—and *a new way of thinking about ethics*.

Why Ethics Matters

Throughout our health care system, VA patients and staff face difficult and potentially life-altering decisions every day—whether it be in clinics, in cubicles, or in council meetings. In the day-to-day business of health care, uncertainty or conflicts about values—that is, ethical concerns—inevitably arise.

Responding effectively to ethical concerns is essential for both individuals and organizations. When ethical concerns aren’t resolved, the result can be errors or unnecessary and potentially costly decisions that can be bad for patients, staff, the organization, and society at large.[9–12] When employees perceive that they have no place to bring their ethical concerns, this can result in moral distress, a recognized factor in professional “burnout,” which is a major cause of turnover, especially among nurses.[13]

A healthy ethical environment and culture doesn’t just improve employee morale; it also helps to enhance productivity and improve efficiency.[14–16] Organizations that support doing the right thing, doing it well, and doing it for the right reasons tend to outperform other organizations in terms of such measures as customer satisfaction and employee retention.[17,18] Failure to maintain an effective ethics program can seriously jeopardize an organization’s reputation, its bottom line, and even its survival.[19]

Ethics is also closely related to quality. A health care provider who fails to meet established ethical norms and standards is not delivering high-quality health care. By the same token, failure to meet minimum quality standards raises ethical concerns. Thus ethics and quality care can never truly be separated.

The Concept of Ethics Quality

When most people think of quality in health care, they think of technical quality (e.g., clinical indicators) and service quality (e.g., patient satisfaction scores). But *ethics* quality is equally important.[20] Ethics quality means that practices throughout an organization are consistent with widely accepted ethical standards, norms, or expectations for a health care organization and its staff—set out in organizational mission and values statements, codes of ethics, professional guidelines, consensus statements and position papers, and public and institutional policies.

For example, let's say a patient undergoes a surgical procedure. From a technical quality perspective, the operation was perfectly executed, and from a service quality perspective, the patient was perfectly satisfied with the care he received. So the care was of high quality, right? Well, not necessarily. Imagine that the patient was never really informed—or was even misinformed—about the procedure he received. This would indicate a problem with ethics quality.

The idea of ethics quality as a component of health care quality isn't exactly new. Donabedian, who is widely regarded as the father of quality measurement in health care, defined quality to include both technical and interpersonal components, interpersonal quality being defined as "conformity to legitimate patient expectations and to social and professional norms." [21] Other experts have proposed "ethicality"—the degree to which clinical practices conform to established ethics standards—as an important element of health care quality.[22] And it's been argued that specific performance measures for ethics should be routinely included in health care quality assessments.[20]

Ethics Quality Gaps

Health care organizations in this country have significant "opportunities for improvement" with respect to ethics quality,[23] and VA is no exception. Over the past several years, VA's National Center for Ethics in Health Care has been collecting data on the VA health care system—through formal and informal surveys, interviews, and focus groups—to understand where there are ethics quality gaps. What have we found?

VA employees:

- regularly experience ethical concerns
- want more tools and support to address their concerns
- perceive that the organization doesn't always treat ethics as a priority

Ethics committees or programs:

- are seldom described as influential or well respected
- tend to focus narrowly on clinical ethics and fail to address the full range of ethical concerns in the organization

- operate as silos in relative isolation from other programs that deal with ethical concerns
- tend to be reactive and case oriented, instead of proactive and systems oriented
- often lack resources, expertise, and leadership support
- do not consistently follow specific quality standards
- are rarely evaluated or held accountable for their performance

In addition, VA leaders recently got a wake-up call when an independent audit found material weaknesses in accounting practices and suggested problems with “ethics” and “culture” as a root cause.[18] The audit found evidence that at least in some instances, “making the numbers” seemed to be valued more than ethics. Ironically, the very things that have made VA a leader in quality may actually put the organization at risk from an ethics perspective. VA’s keen focus on performance excellence in the clinical and financial arenas, through use of powerful performance measurement and rewards systems, may unintentionally have supported a culture in which “getting to green” is all that counts.

Findings from VA’s all-employee survey reveal other opportunities for improvement in ethical environment and culture. High scores in the area of “bureaucratic” culture indicate that the organization emphasizes rules and enforcement.[24] Rules usually define prohibited behavior or minimal standards, instead of inspiring exemplary or even good practices. A rules-based culture tends to emphasize compliance with “the *letter* of the law” as opposed to fulfilling “the *spirit* of the law.” From an ethics perspective, overemphasizing rules can lead to “moral mediocrity”[25]—or worse, unethical practices, if employees equate “no rule” with “no problem” or if they “game the rules” by developing ethically problematic workarounds.[26]

While employees in rules-driven organizations tend to concentrate on what they *must* do, those in organizations with a healthy ethical environment and culture tend to concentrate more on what they *should* do—finding ethically optimal ways to interpret and act on the rules in service of the organization’s mission and values.

Thus while VA is a leader in quality, historically, the organization hasn’t placed a great deal of emphasis on *ethics* quality. To achieve a truly “balanced scorecard,” VA needs to systematically prioritize, promote, measure, and reward ethical aspects of performance. IntegratedEthics is the mechanism by which VA will achieve this goal—ensuring that ethics quality is valued every bit as much as other organizational imperatives, such as “making the numbers” and “following the rules.”

IntegratedEthics

VA has recognized the need to establish a national, standardized, comprehensive, systematic, integrated approach to ethics in health care—and IntegratedEthics was designed to meet that need. This innovative national education and organizational change initiative is based on established criteria for performance excellence in health care organizations,[27] methods of continuous quality improvement,[28] and proven strategies for organizational change.[29] It was developed by VA’s National Center for Ethics in Health Care with extensive input from leaders and staff in VA Central Office and the field, expert panels and advisory groups, and reviewers within and outside the organization. Materials developed for IntegratedEthics underwent validity

testing, field testing, and a 12-month demonstration project in 25 facilities. Now, the expectation is that every VA health care facility will implement the IntegratedEthics model to ensure ethics quality in health care.

Levels of Ethics Quality

Ethics quality is the product of the interplay of factors at three levels: decisions and actions, systems and processes, and environment and culture. The image of an iceberg helps to illustrate the concept of ethics quality in health care:

- At the surface of the “ethics iceberg” lie easily observable *decisions and actions*, and the events that follow from them, in the everyday practices of a health care organization and its staff.
- Beneath that, however, organizational *systems and processes* drive decision making. Not immediately visible in themselves, these organizational factors become apparent when we look for them—for example, when we examine patterns and trends in requests for ethics consultation.
- Deeper still lie the organization’s ethical *environment and culture*, which powerfully, but nearly imperceptibly shape its ethical practices overall. This deepest level of organizational values, understandings, assumptions, habits, and unspoken messages—what people in the organization know but rarely make explicit—is critically important since it is the foundation for everything else. Yet because it’s only revealed through deliberate and careful exploration, it is often overlooked.



Image courtesy of Uwe Killis. Used with permission.

Together, these three levels—decisions and actions, systems and processes, and environment and culture—define the ethics quality of a health care organization.

Many ethics programs make the mistake of spending too much time in a reactive mode, focusing only on the most visible of ethical concerns (i.e., the “tip of the iceberg”). But to have a lasting impact on ethics quality, ethics programs must do more: They must continually probe beneath the surface to identify and address the deeper organizational factors that influence observable practices. Only then will ethics programs be successful in improving ethics quality organization-wide.

IntegratedEthics targets all three levels of ethics quality through its three core functions, discussed in detail below: ethics consultation, which targets ethics quality at the level of decisions and actions; preventive ethics, which targets the level of systems and processes; and ethical leadership, which targets the level of environment and culture.

Domains of Ethics in Health Care

Just as IntegratedEthics addresses all three levels of ethics quality, it also deals with the full range of ethical concerns that commonly arise in VA, as captured in the following content domains:

- Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
- Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
- Patient privacy and confidentiality (how well the facility protects patient privacy and confidentiality)
- Professionalism in patient care (how well the facility fosters behavior appropriate for health care professionals)
- Ethical practices in resource allocation (how well the facility demonstrates fairness in allocating resources across programs, services, and patients)
- Ethical practices in business and management (how well the facility promotes high ethical standards in its business and management practices)
- Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
- Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
- Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace)

In many health care organizations, ethics programs focus primarily (or even exclusively) on the clinical ethics domains, leaving nonclinical concerns largely unaddressed. Another common model is that ethical concerns are handled through a patchwork of discrete programs. In VA facilities, clinical ethics concerns typically fall within the purview of ethics committees, while concerns about research ethics typically go to the attention of the institutional review board, and business ethics and management ethics concerns usually go to compliance officers and human resources staff. These individuals and groups tend to operate in relative isolation from one another and don't always communicate across programs to identify and address crosscutting concerns or recurring problems. Moreover, staff in these programs may not be well equipped to bring an *ethics* perspective to their areas of expertise. For example, when employees experience problems relating to their interactions with persons of a different ethnicity or cultural background, this is often treated as an EEO issue. But resolving the situation might require not just a limited EEO intervention but a more systematic effort to understand the values conflicts that underlie employee behaviors and how the organization's ethical environment and culture can be improved. IntegratedEthics provides structures and processes to develop practical solutions for improving ethics quality across all these content domains.

Rules-Based and Values-Based Approaches to Ethics

In addition to addressing ethics quality at all levels and across the full range of domains in which ethical concerns arise, the IntegratedEthics model takes into account both rules- and values-based approaches to ethics.

Rules-based ethics programs are designed to prevent, detect, and punish violations of law.[25,26,30] Such programs tend to emphasize legal compliance by:[31]

- communicating minimal legal standards that employees must comply with
- monitoring employee behavior to assess compliance with these standards

- instituting procedures to report employees who fail to comply
- disciplining offending employees

In contrast, values-based approaches recognize that ethics means much more than mere compliance with the law. As one commentator put it:

You can't write enough laws to tell us what to do at all times every day of the week . . . We've got to develop the critical thinking and critical reasoning skills of our people because most of the ethical issues that we deal with are in the ethical gray areas.[32]

For values-based ethics programs, it is not enough for employees to meet minimal legal standards; instead, they are expected to make well-considered judgments that translate organizational values into action—especially in the “ethical gray areas.”[25,26] To achieve this, values-based approaches to ethics seek to create an ethical environment and culture. They work to ensure that key values permeate all levels of an organization, are discussed openly and often, and become a part of everyday decision making.

IntegratedEthics recognizes the importance of compliance with laws, regulations, and institutional policies, while promoting a values-oriented approach to ethics that looks beyond rules to inspire excellence.

The IntegratedEthics Model

An IntegratedEthics program improves ethics quality by targeting the three levels of quality—decisions and actions, systems and processes, and environment and culture—through three core functions: ethics consultation, preventive ethics, and ethical leadership.

Ethics Consultation

When people make a decision or take an action, ethical concerns often arise. An ethics program must have an effective mechanism for responding to these concerns to help specific staff members, patients, and families. An *ethics consultation service* is one such mechanism. Today, every VA medical center has an ethics consultation service, but there's great variability across the VA health care system in terms of the knowledge, skills, and processes brought to bear in performing ethics consultation. Ethics consultation may be the only area in health care in which we allow staff who aren't required to meet clear professional standards, and whose qualifications and expertise can vary greatly, to be so deeply involved in critical, often life-and-death decisions.

IntegratedEthics is designed to address that problem through CASES, a step-by-step approach to ensuring that ethics consultation is of high quality. The CASES approach was developed by the National Center for Ethics in Health Care to establish standards and systematize ethics consultation. ECWeb, a secure, web-based database tool, reinforces the CASES

The CASES Approach

- Clarify the consultation request
- Assemble the relevant information
- Synthesize the information
- Explain the synthesis
- Support the consultation process

approach, helps ethics consultants manage consultation records, and supports quality improvement efforts. IntegratedEthics also provides assessment tools and educational materials to help ethics consultants enhance their proficiency.

Ethics consultation services handle both requests for consultation about specific ethical concerns and requests for general information, policy clarification, document review, discussion of hypothetical or historical cases, and ethical analysis of an organizational ethics question. By providing a forum for discussion and methods for careful analysis, effective ethics consultation:

- promotes health care practices consistent with high ethical standards
- helps to foster consensus and resolve conflicts in an atmosphere of respect
- honors participants' authority and values in the decision-making process
- educates participants to handle current and future ethical concerns

Preventive Ethics

Simply responding to individual ethics questions as they arise isn't enough. It's also essential to address the underlying systems and processes that influence behavior. Every ethics program needs a systematic approach for proactively identifying, prioritizing, and addressing concerns about ethics quality at the organizational level. That's the role of the IntegratedEthics preventive ethics function.

To support preventive ethics, the National Center for Ethics in Health Care adapted proven quality improvement methodologies to create ISSUES—a step-by-step method for addressing ethics quality gaps in health care. The IntegratedEthics Toolkit provides practical tools and educational materials to support facilities as they apply the ISSUES approach to improve ethics quality at a systems level.

Preventive ethics aims to produce measurable improvements in an organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and ideal practices. Specific quality improvement interventions in preventive ethics activities may include:

- redesigning work processes
- implementing checklists, reminders, and decision support
- evaluating organizational performance with respect to ethics practices
- developing policies and protocols that promote ethical practices
- designing education for patients and/or staff to address specific knowledge deficits
- offering incentives and rewards to motivate and reinforce ethical practices among staff

The ISSUES Approach

Identify an issue
Study the issue
Select a strategy
Undertake a plan
Evaluate and adjust
Sustain and spread

Ethical Leadership

Finally, it's important to deal directly with ethics quality at the level of an organization's environment and culture. Leaders play a critical role in creating, sustaining, and changing their organization's culture, through their own behavior and through the programs and activities they support and praise, as well as those they neglect and criticize. All leaders must undertake behaviors that foster an ethical environment—one that's conducive to ethical practice and that effectively integrates ethics into the overall organizational culture.

Leaders in the VA health care system have unique obligations that flow from their overlapping roles as public servants, providers of health care, and managers of both health care professionals and other staff. These obligations are sharpened by VA's commitment to providing health care to veterans as a public good, a mission born of the nation's gratitude to those who have served in its armed forces.

- As public servants, VA leaders are specifically responsible for maintaining public trust, placing duty above self-interest, and managing resources responsibly.
- As health care providers, VA leaders have a fiduciary obligation to meet the health care needs of individual patients in the context of an equitable, safe, effective, accessible, and compassionate health care delivery system.[33]
- As managers, VA leaders are responsible for creating a workplace culture based on integrity, accountability, fairness, and respect.[33]

To fulfill these roles, VA leaders not only have an obligation to meet *their* fundamental ethical obligations, they also must ensure that employees throughout the organization are supported in adhering to high ethical standards. Because the behavior of individual employees is profoundly influenced by the culture in which those individuals work, the goal of ethical leadership—and indeed, the responsibility of all leaders—is to foster an ethical environment and culture.

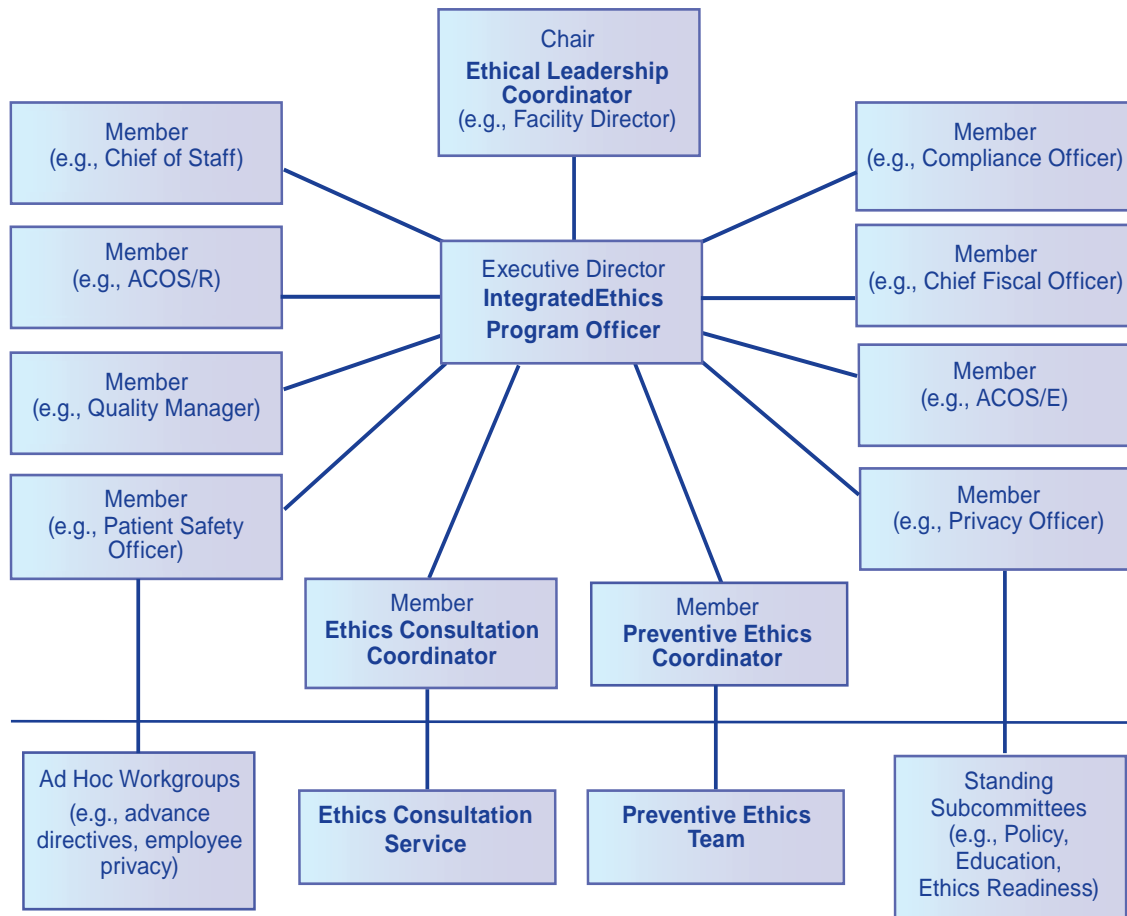
The ethical leadership function of IntegratedEthics calls on leaders to make clear through their words and actions that ethics is a priority, to communicate clear expectations for ethical practice, to practice ethical decision making, and to support their facility's ethics program. These four “compass points” of ethical leadership are supported by tools and educational materials developed for IntegratedEthics.

IntegratedEthics Program Management

Two essential tasks for an IntegratedEthics program are to move ethics into the organizational mainstream and to coordinate ethics-related activities throughout the facility. This requires more than simply implementing the three core functions of IntegratedEthics; it also requires strong leadership support, involvement of multiple programs, and clear lines of accountability. These requirements are reflected in the structure recommended for IntegratedEthics programs within VA facilities.

IntegratedEthics Program Structure

IntegratedEthics Council



The **IntegratedEthics Council** provides the formal structure for the IntegratedEthics program at the facility level. The council:

- oversees the implementation of IntegratedEthics
- oversees the development of policy and education relating to IntegratedEthics
- oversees operation of IntegratedEthics functions
- ensures the coordination of ethics-related activities across the facility

The **Ethical Leadership Coordinator** is a member of the facility's top leadership—e.g., the director. The Ethical Leadership Coordinator ensures the overall success of the IntegratedEthics program by chairing the IntegratedEthics Council, championing the program, and directing the ethical leadership function.

The **IntegratedEthics Program Officer** is responsible for the day-to-day management of the IntegratedEthics program, reporting directly to the Ethical Leadership Coordinator. The program officer works closely with the chair of

the IntegratedEthics Council, functioning in the role of an executive director, administrative officer, or co-chair. The program officer should be a skilled manager and a well-respected member of the staff.

The membership of the council also includes the **Ethics Consultation Coordinator** and the **Preventive Ethics Coordinator**, who lead the ethics consultation service and preventive ethics teams, respectively. Each role requires specific knowledge and skills.

Finally, the council includes **leaders and senior staff** from programs and offices that encounter ethical concerns, for example:

- | | |
|--|---|
| ■ Chief of Staff | ■ Director, Human Resources |
| ■ Chief Fiscal Officer | ■ Compliance & Business Integrity Officer |
| ■ Associate Chief of Staff for Research | ■ Research Compliance Officer |
| ■ Associate Chief of Staff for Education | ■ Information Security Officer |
| ■ Patient Safety Officer | ■ Privacy Officer |
| ■ Director, Quality Management | ■ Nurse Manager |

In addition to overseeing the **ethics consultation service** and the **preventive ethics team**, the IntegratedEthics Council may also oversee **standing subcommittees** (e.g., policy, education, and JCAHO ethics readiness), as well as one or more **ad hoc workgroups** convened to address specific topics identified by the council.

At the network level, IntegratedEthics is coordinated by the **IntegratedEthics Point of Contact**, who reports directly to the network director or the VISN Executive Leadership Council. In addition to serving as the primary point of contact with the National Center for Ethics in Health Care, this individual facilitates communication across facility IntegratedEthics programs and monitors their progress in implementing IntegratedEthics. Finally, a VISN-level **IntegratedEthics Board** helps to address ethical issues on a network level, especially those that cut across facility boundaries.

IntegratedEthics Program Tools

IntegratedEthics emphasizes distance learning and combines the use of print, video, and electronic media to provide a wide array of resources. These include reference materials and video courses relating to each of the three functions; operational manuals (toolkits) and administrative tools to help program staff organize and document their activities; assessment tools for evaluating program quality and effectiveness; communications materials about IntegratedEthics; and online learning modules to build staff knowledge of ethics topics.

A New Paradigm for Ethics in Health Care

IntegratedEthics builds on VA's reputation for quality and innovation in health care.

Tool	Function		
	Ethics Consultation	Preventive Ethics	Ethical Leadership
Reference Tools Primers	<i>Ethics Consultation: Responding to Ethics Questions in Health Care</i>	<i>Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level</i>	<i>Ethical Leadership: Fostering an Ethical Environment & Culture</i>
Easy Reference Tools	CASES pocket card	ISSUES pocket card	Leadership bookmark
Administrative Tools	Ethics Case Consultation Summary & Template ECWeb	Preventive Ethics Issues Log & Summary Preventive Ethics Meeting Minutes Preventive Ethics ISSUES Storyboards Preventive Ethics Summary of ISSUES Cycles	
	IE master timeline Timelines for function coordinators		
Assessment Tools	Ethics Consultant Proficiency Assessment Tool Ethics Consultation Feedback Tool		Ethical Leadership Self- Assessment Tool
	IntegratedEthics Facility Workbook (instrument, guide to understanding results) IntegratedEthics Staff Survey (introduction, survey instrument, FAQs)		
Education Tools	Ethics consultation video course Training checklist & video exercises (1–4)	Preventive ethics video course Training checklist & video exercise	Ethical leadership video course Training checklist
	IntegratedEthics online learning modules: Ethics in Health Care, Shared Decision Making with Patients, Ethical Practices in End-of-Life Care, etc.		
Communications Materials	Improving Ethics Quality: Looking Beneath the Surface IntegratedEthics: Closing the Ethics Quality Gap Business Case for Ethics IntegratedEthics poster IntegratedEthics brochure IntegratedEthics slides		

Like VA's seminal work in performance management, its groundbreaking program in patient safety, and its highly acclaimed electronic medical record system, IntegratedEthics represents a paradigm shift. By defining ethics quality to encompass all three levels of the "iceberg," the full range of ethics content domains, and both rules- and values-based approaches to ethics, IntegratedEthics provides a new way of thinking about ethics in health care. And its practical, user-friendly tools are designed to translate theory into practice—to make ethics an integral part of what everyone does every day.

IntegratedEthics refocuses an organization's approach to ethics in health care from a reactive, case-based endeavor in which various aspects of ethics (e.g., clinical, organizational, professional, research, business, government) are handled in a disjointed fashion, into a proactive, systems-oriented, comprehensive approach. It moves ethics out of institutional silos into collaborative relationships that cut across the organization. And it emphasizes that rules-oriented, compliance approaches and values-oriented, integrity approaches *both* play vital roles in the ethical life of organizations.

By envisioning new ways of looking at ethical concerns in health care, new approaches for addressing them in all their complexity, and new channels for achieving integration across the system, IntegratedEthics empowers VA facilities and staff to “do the right thing” *because* it's the right thing to do.

<i>From . . .</i>	<i>To . . .</i>
Reactive	Proactive
Case based	Systems oriented
Narrow	Comprehensive
Silos	Collaboration
Punishment	Motivation
Rules	Rules + Values

References

1. Jha AK, Perlin JB, Kizer KW, Dudley RA. Effects of the transformation of the Veterans Affairs health care system on the quality of care. *New England J Med.* 2003;348:2218–27.
2. Asch SA, McGlynn EA, Hogan MM, et al. Comparison of quality of care for patients in the Veterans Health Administration and patients in a national sample. *Annals Int Med.* 2004;141:938–45.
3. Krugman P. Health care confidential [op-ed]. *New York Times.* January 27, 2006.
4. Stein R. VA care is rated superior to that in private hospitals. *Washington Post.* January 20, 2006.
5. The best medical care in the U.S. *Business Week.* July 17, 2006.
6. Longman P. The best care anywhere. *Washington Monthly.* 2005;37(1–2):38–48.
7. Leape LL, Berwick DM. Five years after To Err Is Human—what have we learned? *JAMA* 2005;293:2384–90.
8. Health care program serving U.S. vets wins government innovations award [press release]. John F. Kennedy School of Government, Harvard University; July 10, 2006.
9. Schneiderman LJ, Gilmer T, Teetzel HD, et al. Effect of ethics consultations on nonbeneficial life-sustaining treatments in the intensive care setting: A randomized controlled trial. *JAMA* 2003;290(9):1166–72.
10. Schneiderman LJ, Gilmer T, Teetzel HD. Impact of ethics consultations in the intensive care setting: A randomized, controlled trial. *Crit Care Med.* 2000;28(12):3920–24.
11. Dowdy MD, Robertson C, Bander JA. A study of proactive ethics consultation for critically and terminally ill patients with extended lengths of stay. *Crit Care Med.* 1998; 26(11):252–59.
12. Heilicser BJ, Meltzer D, Siegler M. The effect of clinical medical ethics consultation on healthcare costs. *J Clin Ethics* 2000;11(1):31–38.
13. Bischoff SJ, DeTienne KB, Quick B. Effects of ethics stress on employee burnout and fatigue: An empirical investigation. *J Health Hum Serv Admin.* 1999;21(4):512–32.
14. Arthur Anderson Co. *Ethical Concerns and Reputation Risk Management: A Study of Leading U.K. Companies.* London: London Business School;1999.

15. Biel MAB. Achieving corporate ethics in healthcare's current compliance environment. *Federal Ethics Report* 1999;6:1–4.
16. Verschoor CC. Corporate performance is closely linked to a strong ethical commitment. *Business & Society Rev.* 1999;104:407–416.
17. Metzger M, Dalton DR, Hill JW. The organization of ethics and the ethics of organization. *Business Ethics Qtrly.* 1993;3:27–43.
18. U.S. Department of Veterans Affairs, National Center for Ethics in Health Care. *Update.* 2006;Fall.
19. Gellerman S. Why good managers make bad ethical choices. *Harvard Business Review on Corporate Ethics.* Cambridge, MA: HBS Press;2003:49–66. (Originally published in *Harvard Business Review*, July–August 1986.)
20. Wynia MK. Performance measures for ethics quality. *Eff Clin Pract.* 1999;2(6):294–99.
21. Donabedian A. The quality of medical care: A concept in search of a definition. *J Fam Pract.* 1979;9(2):277–84.
22. Fox E, Arnold RM. Evaluating outcomes in ethics consultation research. *J Clin Ethics* 1996;7(2):127–38.
23. Fox E, Myers S, Pearlman RA. Ethics consultation in U.S. hospitals: A national survey. *Am J Bioethics* 2007;7(2), forthcoming.
24. Zammuto R, Krakower J. Quantitative and qualitative studies of organizational culture. In Woodman R, Pasmore W, eds. *Research in Organizational Change and Development.* Greenwich, CT: JAI Press Inc.;1991:83–114.
25. Paine LS. Managing for organizational integrity. *Harvard Bus Rev.* 1994;Mar–Apr:106–17.
26. Oak JC. Integrating ethics with compliance. Reprinted in *The Compliance Case Study Library.* Alexandria VA: Council of Ethical Organizations;2001:60–76.
27. Baldrige National Quality Award Program. Health care criteria for performance excellence. Gaithersburg, MD: United States Department of Commerce, Technology Administration, National Institute of Standards and Technology; 2006. Available at http://www.nist.gov/PDF_files/2006_HealthCare_Criteria.pdf; last accessed November 20, 2006.
28. Gitlow H, Oppenheim A, Oppenheim R. *Quality Management: Tools and Methods for Improvement.* 2d ed. Boston: Irwin; 1995.
29. Greenhalgh T, Robert G, MacFarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: Systematic review and recommendations. *Milbank Qtrly.* 2004;82:581–629.
30. Treviño LK, Weaver GR, Gibson DG, Toffler BL. Managing ethics and legal compliance: What works and what hurts. *California Manage Rev.* 1999;41(2):131–51.
31. Jeurrisen R. Moral complexity in organizations. In Korthals M, Bogers RJ, eds. *Proceedings of the Frontis Workshop on Ethics for Life Sciences.* Wageningen, The Netherlands; May 18–21, 2003. Available at [http://www/library.wur.nl/frontis/ethics](http://www.library.wur.nl/frontis/ethics); last accessed November 17, 2006.
32. Gebler D. Is your culture a risk factor? *Business & Society Rev.* 2006;111:337–62.
33. Joint Commission on Accreditation of Healthcare Organizations. Standard RI.1.10. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook.* Oakbrook Terrace, IL: Joint Commission on the Accreditation of Healthcare Organizations; 2006.

Tab 2
Instructions for the Coordinator

IntegratedEthics Council—Instructions for Council Members

Your Role and Responsibilities

The aim of an IntegratedEthics program is to improve ethics quality by integrating three core functions: ethics consultation, preventive ethics, and ethical leadership. The IntegratedEthics Council is the body chiefly responsible for achieving this goal. The council is chaired by the Ethical Leadership Coordinator, who is ultimately responsible for the success of the program. The responsibilities of the council are to:

- coordinate the ethics consultation, preventive ethics, and ethical leadership functions
- ensure communication with relevant programs across the organization
- oversee the ethics consultation and preventive ethics functions
- develop and update policy pertaining to the IntegratedEthics program
- coordinate staff education regarding IntegratedEthics and ethics
- evaluate your facility's IntegratedEthics structures and processes
- evaluate ethics knowledge, practices, and culture in your facility
- improve specific ethics practices at your facility
- continuously improve your facility's IntegratedEthics program
- ensure that the facility meets accreditation standards for ethics
- ensure that the facility meets requirements of VHA policy related to ethics in health care

Broadly, your responsibilities are to:

1. Demonstrate expertise in the IntegratedEthics model

Members of the council act as representatives of the IntegratedEthics program across the facility and particularly in their home departments or services. You should be raising the visibility of the IntegratedEthics program and supporting the goals of the program to ensure its success. This role requires that you understand the activities of the council and each of the core functions of IntegratedEthics, serve as a spokesperson for the program in your department or service, encourage staff to participate in training activities, answer questions about the program and its functions, and participate in program activities as appropriate based on your skills and expertise.

2. Lead or participate in council activities

A tenet of excellence in health care is an ongoing commitment to quality improvement. All council members should participate in efforts to improve the quality of the IntegratedEthics program through use of the IntegratedEthics assessment tools and regular quality monitoring of program activities. You'll lead or participate in one or more council activities, which may include participating on a preventive ethics team, leading an education forum about IntegratedEthics for staff or other leaders, updating ethics-related policies, supporting efforts for accreditation readiness, or other activities as needed.

3. Ensure integration

The council is the key mechanism for integrating the ethics activities undertaken by departments, programs, services, and offices across your facility. Council members should represent diverse areas throughout the organization from which ethics issues arise, including clinical care services, research, and business administration. Council members are responsible for helping to identify ethics issues across the facility that might benefit from the work of the council, such as ethics quality gaps that might be appropriate for the preventive ethics team.

4. Monitor performance

The council is responsible for overseeing the activities of the IntegratedEthics program and acting to support its implementation. The council should ensure that the facility achieves the program's implementation goals, completes assessment tools and reports performance monitors to VISN leadership. The council is also responsible for developing plans and taking action on the findings from the IntegratedEthics Facility Workbook and Staff Survey. The council should establish mechanisms to monitor progress toward implementing these plans and the overall IntegratedEthics program effectively.

5. Network externally

All council members are invited to share their program's activities, best practices, and lessons learned. The National Center for Ethics in Health Care will provide forums where this can occur. Check our website, vaww.ethics.va.gov/IntegratedEthics, for more information.

Description of Tasks

Get Started

Get to know the IntegratedEthics Program. Reading the introduction to IntegratedEthics and the IntegratedEthics communications materials is an important first step to ensure that you understand the broad concepts and aims of IntegratedEthics. You'll also want to become familiar with the material in the three primers, *Ethics Consultation: Responding to Ethics Questions in Health Care*; *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*; and *Ethical Leadership: Fostering an Ethical Environment & Culture*. You'll return to these documents frequently as you support the launch of IntegratedEthics at your facility. Three IntegratedEthics video courses are also available to you. These courses walk you through important aspects of each of the functions. You may also want to complete one or more of the IntegratedEthics online learning modules to develop your understanding of the IntegratedEthics concept and its application.

Engage with the National IE Community

Register with the national IntegratedEthics website. Council members may wish to register with the IntegratedEthics website (vawww.ethics.va.gov/IntegratedEthics), which is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Understand Your Current Ethics Program

Participate in completion of the IE Facility Workbook. The IntegratedEthics Council is responsible for ensuring completion of the facility workbook. You should contribute your knowledge of facility structure and processes to help the council develop its plan for completing the workbook. You should also participate as needed to identify and implement appropriate responses to workbook findings.

Support administration of the IE Staff Survey. The IntegratedEthics Council is responsible for planning and monitoring the administration of the IntegratedEthics Staff Survey. You should support the council in administering the survey by encouraging staff in your department to participate. The council is also responsible for analyzing survey results and developing a plan to respond to any issues and concerns identified. Your first step is to help publicize the results of the survey, which is essential to demonstrate to staff members that their participation was both important and appreciated. It can also help to further demonstrate the importance of IntegratedEthics and generate greater awareness of your IntegratedEthics program. You will then work with your staff to implement activities developed by the council to respond to the survey results.

Participate in Assigned Council Duties

Coordinate staff education regarding IntegratedEthics and ethics. The council is responsible for taking a systematic approach to ensuring that staff throughout the facility are familiar with IntegratedEthics and knowledgeable about ethics in health care. The council, or a designated subcommittee, should apply a quality improvement approach to ensure that educational efforts are effective in meeting clearly defined

organizational needs. The IntegratedEthics primers, video courses, and online learning modules can serve as basic resources for staff education. Efforts to educate staff in ethics consultation and preventive ethics can be delegated to those functions. Ethics education should also be regularly incorporated into ongoing educational activities, such as grand rounds, case conferences, inservices, and annual meetings.

Update policy related to ethics in health care. In addition to developing policy for your IntegratedEthics program, the council is responsible for ensuring that facility policies relating to ethics in health care—such as informed consent for treatments and procedures, advance directives, or end-of-life care—meet the requirements of VA national policy in the relevant areas. The council or a designated subcommittee should also work with the preventive ethics team to identify and address local policy requirements—or lack of policy—that give rise to systemic ethics quality issues.

Ensure that the facility meets accreditation standards for ethics. The council is responsible for developing specific action plans to ensure that the facility meets accreditation standards around ethics and is ready to meet those standards on an ongoing basis. As of 2006, the Joint Commission on the Accreditation of Healthcare Organizations includes 24 standards explicitly pertaining to ethics, patient rights, and organizational responsibilities (RI.1–RI.3.1). It is the council's responsibility to see that the facility meets these standards and those of other relevant accrediting bodies.

Instructions for the Preventive Ethics Coordinator

Your Role and Responsibilities

The aim of preventive ethics in health care is to produce measurable improvements in ethics practices by implementing systems-level changes to reduce gaps in ethics quality. As coordinator of the preventive ethics function in your facility, your role is to lead efforts to improve health care quality by identifying, prioritizing, and addressing ethical issues on a systems level. You're also a core member of the facility's IntegratedEthics Council. To fulfill these responsibilities, you must have not only the knowledge and skills required for preventive ethics, but also management skills.

Broadly, your responsibilities require you to:

- 1. Demonstrate expertise in the IntegratedEthics approach to preventive ethics**

This Preventive Ethics Toolkit contains everything you need to ensure that you're up to speed: an overview of IntegratedEthics; descriptions of your role and responsibilities as coordinator of the preventive ethics function as well as a description of the responsibilities of the IntegratedEthics Council; the IntegratedEthics timeline to help you organize tasks and activities; and the preventive ethics video course. The toolkit also provides communications materials and information about online learning modules on ethics in health care.

- 2. Manage your facility's preventive ethics team**

As Preventive Ethics Coordinator you're responsible for overseeing your facility's preventive ethics function. This includes selecting members for the preventive ethics team, organizing the function, and ensuring that it has needed resources. You'll ensure that team members are appropriately trained in the IntegratedEthics approach to preventive ethics and implement it effectively. It's your job to see that team members collaborate and work well together.

Your responsibilities also include ensuring the quality of preventive ethics, using the resources provided in the primer, this toolkit, and other IntegratedEthics tools to evaluate the function, and overseeing ongoing quality improvement.

- 3. Ensure integration**

The preventive ethics function should build on existing strengths and include mechanisms to achieve horizontal and vertical integration with other groups in the organization. In addition to participating in the IntegratedEthics Council, you'll need to establish relationships with stakeholders, including facility leaders, who may help you to identify issues for the preventive ethics team to address or to address issues that others have identified.

- 4. Build visibility and support for preventive ethics**

You're responsible for creating awareness of and support for the preventive ethics function. This requires working closely with the IntegratedEthics Program Officer, who oversees communications about the IntegratedEthics program and its functions throughout the facility.

5. Network externally

Along with the IntegratedEthics Program Officer, you'll share information about your function's activities, best practices, and lessons learned through a series of national teleconferences and other forums.

On the following pages, you'll find a timeline and brief descriptions of the specific tasks associated with your responsibilities and those of the coordinators of each of the core functions of IntegratedEthics. All of these tasks should be completed during the initial implementation phase; thereafter, many of the activities will need to be repeated periodically and/or maintained.

Timeline

Preventive Ethics Coordinator	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12
Educate Yourself												
Read PE toolkit and review primer (M 1)												
Complete PE video course (M 1)												
Engage with the National IE Community												
Register with the national IntegratedEthics website (M 1)												
Participate in IE teleconferences (M 3 thru 12)												
Understand Your Current Ethics Program												
Contribute to completion of IE Facility Workbook (M 2 & 3)												
Review IE Staff Survey results (M 9 thru 12)												
Organize the PE Function												
Organize the PE function (M 2 thru 4)												
Identify members of PE function (M 3 & 4)												
Draft a PE policy (M 12)												
Educate PE Team												
Distribute IE communications materials (M 4)												
Distribute PE primer (M 4)												
Schedule and organize PE video course (M 5)												
Discuss PE results from IE Facility Workbook (M 4 & 5)												
Use the ISSUES Approach												
Establish and maintain PE contacts (M 5 thru 12)												
Assemble list of issues (M 6)												
Begin your first ISSUES cycle (M 7 & 8)												
Continuously improve your PE process (M 7 thru 12)												

Description of Tasks

Educate Yourself

Read PE toolkit and review primer. Reading the introduction to IntegratedEthics (Tab 1) and IntegratedEthics communications materials (Tab 4) is an important step to ensure that you understand the broad concepts and aims of IntegratedEthics. You'll also want to review the preventive ethics primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, which lays out the essential elements and success factors for this function. You'll return to this document time and again as you implement and refine the preventive ethics function in your facility.

Complete PE video course. Once you've reviewed the preventive ethics primer and have an understanding of preventive ethics, you'll benefit from the preventive ethics video course. The course walks you through key steps in the ISSUES cycle, using a case example.

Engage with the National IE Community

Register with national IntegratedEthics website. The IntegratedEthics website (vaww.ethics.va.gov/IntegratedEthics) is designed to support continuous learning among VA's IntegratedEthics community. The site contains all the materials in the IntegratedEthics toolkits (including the video courses), links to online learning modules, and many other resources and tools. It will be updated regularly.

Participate in IE teleconferences. These conference calls provide a forum for facilities to solve problems in implementing IntegratedEthics. Ethics Center staff will moderate the teleconferences and focus on the needs of the attendees. The content of the calls may include discussing common problems, sharing best practices, or a question-and-answer session with a content expert.

Understand Your Current Ethics Program

Contribute to completion of IE Facility Workbook. The IntegratedEthics Program Officer is responsible for ensuring that the facility workbook is completed but may need your help collecting data. Specifically, you may be asked to assemble a team to complete the preventive ethics section of the workbook. You'll also review the results from the preventive ethics section and plan next steps to enhance preventive ethics in your facility.

Review IE Staff Survey results. The IntegratedEthics Council will compile information about the gaps in ethics quality that were identified through the IntegratedEthics Staff Survey. Your job, in collaboration with the council, is to prioritize the issues and concerns identified and target quality improvement initiatives to address them through the preventive ethics function.

Organize the PE Function

Organize the PE function. Once you have a handle on the principles and practice of preventive ethics it's time to think about how you'll organize preventive ethics in your facility—for example, you might integrate preventive ethics into the operations of existing services or programs, such as quality management. The preventive ethics primer lays out some possibilities for you to consider. Your decision should hinge on what you think will be the most successful approach, given the unique context of your facility.

Identify members of PE function. Hand in hand with organizing the preventive ethics function is recruiting members for your preventive ethics team. The preventive ethics function is only as effective as the membership of your team. With the assistance of the IntegratedEthics Program Officer, recruit team members carefully, referring to the primer for guidance. Ideally, your team will include staff who have expertise in ethics and quality improvement and a representative from facility administration.

Draft a PE policy. The structure, function, and process of preventive ethics should be formalized in institutional policy. Your IntegratedEthics Council will develop overall policy for IntegratedEthics in your facility; you'll work with your IntegratedEthics Program Officer to draft the section governing preventive ethics. Be sure to address all the topics outlined in the primer. The drafting process will help your team clarify and stay focused on your core mission. Don't wait for the council to release the final IntegratedEthics policy to begin implementing preventive ethics! The team should begin implementing ISSUES cycles as soon as the members have read the primer and taken the video course, as described below.

Educate PE Team

Distribute IE communications materials. Ensure that members receive and read the introduction to IntegratedEthics (Tab 1) and communications materials (Tab 4) in this toolkit to familiarize themselves with the concepts and aims of IntegratedEthics.

Distribute PE primer. The success of preventive ethics hinges on a well-informed, committed team. At this point, it's time to begin building the expertise of the Preventive Ethics Team. Team members should carefully review the preventive ethics primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*.

Schedule and organize PE video course. The preventive ethics video course is an excellent vehicle to promote team building and teach the members of your team about preventive ethics and the ISSUES approach. See the training checklist for details. Keep track of who completed the course and when; follow facility procedures to ensure that team members receive education credits for completing the course.

Discuss PE results from IE Facility Workbook. Discussing the preventive ethics section of the facility workbook will help you and your team to assess the degree to which your facility is already undertaking preventive ethics activities, where in the organization this may be occurring, who is responsible, and what processes are applied. The workbook will also help you to recognize what next steps you may take to initiate or enhance preventive ethics in your facility.

Use the ISSUES Approach

Establish and maintain PE contacts. To be effective, your team must build and maintain strong relationships with key individuals, offices, and programs in the facility. Such contacts will help you in a variety of ways, for example, by alerting you to potential ethics issues that need to be addressed. You'll wish to review the goals and objectives of the preventive ethics team with these individuals and help them understand how the preventive ethics approach can help them to improve ethics quality. Key contacts include the Ethics Consultation Coordinator and IntegratedEthics Program Officer, senior leaders, service and program heads, and quality management staff.

Assemble list of issues. Based on data collected from key contacts, the IntegratedEthics Staff Survey, accreditation reviews, satisfaction surveys, etc., your team should develop a list of issues that may be appropriate for the ISSUES approach.

Begin your first ISSUES cycle. After your team has compiled a list of issues that are appropriate for preventive ethics and clarified and prioritized the improvement goals, you are ready to select an issue and begin your first ISSUES cycle. Remember to refer to the preventive ethics primer as you proceed to ensure that you address all the steps in the process. Begin additional cycles at your own pace. Experienced preventive ethics teams often work on several ethics issues simultaneously.

Continuously improve your PE process. As you complete each ISSUES cycle, be sure to critically examine your process so that you can continuously improve.

Tab 3
Contact Information

Contact Information

For questions regarding the IntegratedEthics initiative, please contact the Center's Washington, DC office:

National Center for Ethics in Health Care
Veterans Health Administration (10E)
810 Vermont Avenue NW
Washington, DC 20420

Tel: 202-501-0364
Fax: 202-501-2238

E-mail: IntegratedEthics@va.gov

To join the IntegratedEthics listserv or to access additional information, including program updates, PDFs of the materials in this toolkit, and links to more resources, visit the IntegratedEthics website at vaww.ethics.va.gov/IntegratedEthics.

Tab 4
Communications Materials

Introduction

IntegratedEthics: Improving Ethics Quality in Health Care (Tab 1) provides a comprehensive overview of IntegratedEthics and is one of your primary tools for communicating about the initiative.

The additional communications tools in this collection use a variety of formats to describe the essential features of and rationale for the IntegratedEthics initiative. They provide a brief orientation to IntegratedEthics, introduce the key concepts, and equip you with ready and consistent aids for communicating about IntegratedEthics to others. The materials may be used individually or together, physically or electronically distributed to mail-groups, handed out at meetings, or posted on display boards. The kit contains:

- **Improving Ethics Quality: Looking Beneath the Surface** – Depicting ethics quality as an iceberg, this image shines a bright light on all the components of ethical health care practice, not just the decisions and actions that are readily observed. The iceberg is a useful visual metaphor to start discussion about the importance of underlying systems and processes and environment and culture, as well as the interdependence of all the levels of ethics quality.
- **IntegratedEthics: Closing the Ethics Quality Gap** – This feature story discusses the IntegratedEthics initiative in the context of VA's focus on quality improvement and performance measurement. It quotes various external experts regarding the need for fundamental change in the traditional ethics committee model and the benefits of a more comprehensive and systematic approach.
- **The Business Case for Ethics** – This document summarizes the kind of bottom-line benefits a strong ethics program can bring to an organization – including improved customer satisfaction and employee morale, and reduced risk. For busy executives (and skeptics), this tool explains the potential of IntegratedEthics and will help you champion the transition at your facility.
- **Brochure** – This tri-fold brochure provides a quick overview of the IntegratedEthics initiative. It presents the basic concepts in a Q-A format, focusing on the basic concepts and highlighting what's new about the IntegratedEthics paradigm. It includes endorsements from several senior VHA leaders and will be a handy reference for employees at all levels. (Your facility received a supply; the brochure is also available on the IntegratedEthics website.)
- **Slides** – The slide set highlights the key concepts and advantages of implementing an IntegratedEthics program, and will be especially useful for providing an overview to new audiences. (Available on the IntegratedEthics website only.)

Electronic copies of all items are available at vaww.ethics.va.gov/IntegratedEthics.

Improving Ethics Quality: Looking Beneath the Surface

Only about 10 percent of an iceberg is actually visible above the waterline—the greatest part of its mass lies hidden below the ocean surface. Mariners ignore that submerged mass at their peril.

Ethics quality in health care can be described in much the same way: Some ethical practices are readily visible; others become apparent only when we make an effort to see them. But what is usually unseen is often the most important determinant of ethical practice overall.

At the surface of health care ethics, we can easily observe decisions and actions, and the events that follow from them, in the day-to-day practices of clinicians and administrators. Beneath this, however, organizational systems and processes drive decision making. Not immediately visible in themselves, these organizational factors

become apparent when we look for them, for example, when we examine patterns and trends in requests for ethics consultation.

Deeper still lie the organization's ethical environment and culture, which powerfully, but nearly imperceptibly, shape its ethical practices overall. This deepest level of organizational values, understandings, assumptions, habits, and unspoken messages—what people in the organization know but rarely make explicit—is critically important since it is the foundation for everything else. Yet because it's only revealed through deliberate and careful observation, it's often overlooked.

Together, these three levels—decisions and actions, systems and processes, and environment and culture—define the ethics quality of a health care organization.



Many ethics programs make the mistake of focusing on what is immediately apparent. They spend most of their time reacting to only the most visible of ethics concerns. But to have a lasting impact on ethics quality, ethics programs must do more: They must continuously look beneath the surface to identify and address the deeper organizational factors that influence observable practices. Only then will ethics programs be successful in promoting ethical practices organization-wide.

IntegratedEthics: Closing the Ethics Quality Gap

VA: A Leader in Quality

VA has been increasingly recognized as a leader in quality health care. In 2004 the National Committee for Quality Assurance (NCQA) found that the VA system outperformed all other hospitals on each of its 17 quality measures. Today, such publications as *Business Week*, *The New York Times*, and *U.S. News & World Report* all describe VA health care as the best in the country. How has this enormous and unwieldy system with finite resources and an aging patient population managed to take the lead in health care quality? In part through visionary and committed leaders and staff who have developed standardized, innovative approaches to quality improvement. One example of that vision has been VA's integrated health information system, for which the Agency received Harvard University's "Innovations in American Government Award." The Institute of Medicine acknowledges that VA's "integrated health information system, including its framework for using performance measures to improve quality is . . . one of the best in the nation."

Improving Quality in Ethics

Today, almost every health care institution in the United States has some mechanism for addressing the difficult ethical issues that arise in patient care. But the same pressures that have prompted changes in quality and patient safety—tightening resources, more complex care delivery systems, older and sicker patients—also create new ethical challenges. Can traditional ethics programs respond adequately to this shift? Not according to Arthur Caplan, PhD, director of the Center for Bioethics at the University of Pennsylvania: "The traditional ethics committee model is reactive—too often it deals primarily with questions

about end-of-life care in individual cases. In the current environment, ethics has to be proactive, ready to address a broad set of issues across a lifespan, and to do it with increasing resource constraints."

Frontline health care professionals, too, see a need for change. Gwen Gillespie, advanced practice nurse and ethics committee chair at the VA Medical Center in Cincinnati, Ohio, puts it this way: "Our staff is committed to ethical practices, but we could definitely use some help. Health care is rapidly changing, for example, in the area of organizational ethics. Our ethics committee needs to change as well."

VA leaders likewise realize that "getting to green" on performance measures isn't enough. They want a comprehensive approach to quality that keeps ethics in balance with other priorities. "Success in delivering high-quality, cost-effective health care can't come at the expense of our other values," says Linda Belton, director of VISN 11 in Ann Arbor. "Ethical concerns have to be part of our everyday decision making and we must take proactive, coordinated steps to identify and address ethical concerns."

As the largest health care system in the United States, and a recognized leader in health care quality, VA is a natural laboratory for developing an innovative, systems-focused model to promote and improve ethical practices in health care.

An Ethics Quality Gap

As a first step, VA's National Center for Ethics in Health Care has collected data on the VA system to understand where there are gaps, or "opportunities for improvement." What did they find?

- VA employees think about ethics every day, and want additional educational resources and support to do their jobs better.

- Ethics programs across VA vary considerably in terms of their quality and effectiveness.
- Ethics programs often operate as "silos" instead of being well integrated into the organization's structure and hierarchy.
- Despite significant investments in staff time, few VA health care facilities rigorously evaluate the quality or effectiveness of their ethics activities.

These challenges are hardly unique to VA—they are typical of hospitals in the private sector.

A National Consensus

On a national level, a consensus is emerging about the need for a more systematic approach. Arthur Derse, MD, JD, chair of VHA's National Ethics Committee, director for Medical and Legal Affairs at the Center for the Study of Bioethics at the Medical College of Wisconsin, and former president of the American Society for Bioethics and Humanities, calls for the development of tools that can be widely adopted: "Constrained resources mean we're limited in what we can do for patients. Therefore we need tools that create efficiencies of scale—policies, manuals, guidance on ethics consultation and how to handle difficult issues at a systems level—to alleviate the pressure on individual facilities to resolve these problems." Matthew Wynia, MD, MPH, director of the Institute for Ethics at the American Medical Association, advocates applying principles of continuous quality improvement: "A systems approach holds a great deal of promise for improving the ethical culture of organizations. It's built on strong assumptions about organizations, that they are constantly in evolution, and amenable to change." Margaret O'Kane, president of NCQA,

agrees: “Ethics programs need to set clear goals and then move toward them. They need a more systematic approach.”

The Solution: IntegratedEthics

IntegratedEthics, a national education and organizational change initiative from VA’s National Center for Ethics in Health Care, addresses the quality gaps documented in VA and elsewhere. Ellen Fox, MD, Ethics Center director, describes the assumptions that guided the design of this initiative: “To be effective at promoting ethical practices, an ethics program first has to address ethical concerns across many domains, not just in clinical care. Then it has to do three things, and do them well: respond to ethics concerns on a case-by-case basis, address ethics issues on a systems level, and foster an environment and culture that is conducive to ethical practice.”

The IntegratedEthics initiative provides VA facilities with a variety of tools to help them achieve these goals. In each facility an IntegratedEthics Council coordinates ethics-related activities across the organization and oversees three core functions that carry out these activities:

- Ethics consultation: responding to ethics questions in health care
- Preventive ethics: addressing ethics quality gaps on a systems level
- Ethical leadership: fostering an ethical environment and culture

The first core function of IntegratedEthics is ethics consultation, which is widely accepted as a necessary part of health care delivery. Ethics consultation is needed to help patients, families, and staff resolve the complex ethical concerns that arise in health care delivery. IntegratedEthics provides facilities with training and resources to ensure that ethics consultation is of high quality.

The second core function of IntegratedEthics is preventive ethics. As Fox notes, “If we’re serious about promoting ethical practices, it is not enough to focus on individual decisions and actions. We must also ensure that our systems and processes are designed to make it easy for people to do the right thing.” This can be achieved by identifying and addressing systemic organizational issues where ethical concerns indicate that there are ethics quality gaps. The IntegratedEthics materials guide facilities through a process that applies QI principles to identify systems problems, develop strategies to address those problems, and assess how well those strategies worked.

The third core function is ethical leadership. An organization’s leaders play an essential role in fostering an overall environment and culture that supports ethical practice. According to Paul Schyve, MD, Senior Vice President for the Joint Commission on Accreditation of Healthcare Organizations, “Quality, safety, ethics—they’re all dependent on the culture of an organization. That culture comes from the organization’s leaders. Everything from talking about it, to rewarding it, to demonstrating it in their own behavior.” Linda Treviño, PhD, of The Pennsylvania State University’s Smeal College of Business, an expert on the management of ethical conduct in organizations, stresses: “the perceptions of leadership define the culture—not only what the leaders do themselves but also the behaviors they encourage, support, and don’t tolerate in others.” IntegratedEthics focuses on four critical leadership skills, or “compass points”: demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting the facility’s local ethics program.

Measuring the Impact

Health care managers often suggest that “you can’t manage what you can’t measure.” But as Wynia

notes, “Since ethics programs are relatively new, they’re also relatively young in the quality improvement realm. One of the problems we’ve faced is that we don’t always agree on what counts as high quality. We need good metrics to measure this.” To address this need, the IntegratedEthics initiative includes a variety of tools for assessing the quality and effectiveness of ethics programs—an important innovation in a field that has been criticized for a lack of accountability. These tools include an IntegratedEthics staff survey to assess organizational culture and ethical practices, as well as a facility workbook to assess the organization’s health care ethics program.

A National Model

National leaders in health care quality and ethics agree on the importance of an integrated approach. Treviño notes that “the most effective programs are integrated into the organization’s culture and the multiple systems, formal and informal, which make up that culture. The most ineffective are those that are limited to a formal program that employees see as disconnected from what’s going on day to day.” Schyve agrees that “we need to move away from ethics silos. We should have a broad range of stakeholders working together as a team in an effort to resolve ethics issues.” Wynia underscores the importance of change: “Ethics structures are going to have to evolve along with the evolving health care system. The ethics of an organization permeates every structure, every committee. Integrating ethics through every structure in the organization will be critical to delivering health care that patients can rely on.”

Derse sums up the potential of VA’s IntegratedEthics initiative: “VA is a recognized leader in health care quality, patient safety—and now—ethics in health care.”

A Brief Business Case for Ethics

A strong ethics program can reap many concrete benefits for a health care organization, from increasing patient satisfaction, to improving employee morale, to conserving resources and saving costs. Here's some of the evidence that doing the right thing is also doing the smart thing:

- **Increasing patient satisfaction.** When organizations support ethical health care practices—for example, by encouraging clinicians to actively involve patients in decisions about their health care—patients do better clinically and say they're more satisfied with the care they receive.[1–3]
- **Improving employee morale.** Organizations that support ethical decision making—especially organizations whose ethics programs focus on achieving high standards instead of simply complying with policy or law[4]—can expect to have happier, more dedicated employees.[5–7]
- **Enhancing productivity.** A strong corporate ethics culture can improve not only employee morale but also performance, and help to improve an organization's efficiency and productivity.[8–10] An effective ethics program also makes it easier to recruit and retain quality staff.[11]
- **Conserving resources/avoiding costs.** Effective ethics programs have been shown to improve quality of care and reduce length of stay and cost.[12] Supporting patients' rights to forgo life-sustaining treatment meets an important ethical standard, and at the same time can have the effect of avoiding costs.[13–15]
- **Improving accreditation reviews.** As of 2006, the Joint Commission on the Accreditation of Healthcare Organizations includes 24 standards explicitly pertaining to ethics, patient rights, and organizational responsibilities (RI.1–RI.3.1). A strong ethics program can help ensure that the organization meets or exceeds those standards.
- **Reducing ethics violations.** VA's Inspector General has identified deficiencies relating to patient privacy and confidentiality, advance directives, withdrawal of life-sustaining treatment, and informed consent.[16] An effective ethics program can help address such deficiencies in ethics quality. And in health care as in the business world, an effective ethics program can help prevent the sort of practices that can lead to findings of material weakness, or even sanctions or fines, and damage an organization's reputation.[17]
- **Reducing risk of lawsuits.** Organizations that make strong commitments to ethical health care practices, such as being honest with patients, can reduce the risk of litigation and liability.[18–20]
- **Sustaining corporate integrity.** Ambiguity about values and priorities is one of the major sources of corporate deviance.[21] Making ethics a clear priority in corporate culture helps to ensure good business practices throughout the organization.
- **Safeguarding the organization's future.** Lack of an effective ethics program can seriously jeopardize an organization's reputation and even its survival.[22] Creating structures and processes by which an organization can hold itself accountable to its core values and to ethical practices is an investment in the organization's future.

References

1. Kaplan SH, Greenfield S, Ware Jr. JE. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Medical Care* 1989; 27:S110–S127.
2. Picker Institute, *Improving the Quality of Healthcare Through the Eyes of the Patient*. A report for the American Hospital Association; February 2001.
3. Tierney WM, Dexter PR, Gramelspacher GP, et al. The effect of discussions about advance directives on patients' satisfaction with primary care. *J Gen Intern Med*. 2001;16:32–40.
4. Paine LS. Managing for organizational integrity. *Harvard Business Review on Corporate Ethics*. Cambridge, MA: HBS Publications; 2003:85–112. (Originally published in *Harvard Business Review*, March–April 1994.)
5. Bischoff SJ, DeTienne KB, Quick B. Effects of ethics stress on employee burnout and fatigue: An empirical investigation. *J Health Hum Serv Admin*. 1999;21:512–32.
6. Research Notes, *Healthcare Executive* 1998;November/December.
7. 1999 National Business Ethics Study, Walker Information in association with the Hudson Institute; September 1999. Available at <http://www.bentley.edu/cbe/research/surveys/19.cfm>.
8. Arthur Anderson Co. *Ethical Concerns and Reputation Risk Management: A Study of Leading U.K. Companies*. London: London Business School;1999.
9. Biel MAB. Achieving corporate ethics in healthcare's current compliance environment. *Federal Ethics Report* 1999;6:1–4.
10. Verschoor CC. Corporate performance is closely linked to a strong ethical commitment. *Bus & Society Rev*. 1999;104:407–416.
11. Francis RD. Evidence for the value of ethics. *J Financial Crime* 2001;9(1):26–30.
12. Halloran S, Starkey G, Burke P, et al. An educational intervention in the surgical intensive care unit to improve ethical decisions. *Surgery* 1995;118:294–95.
13. Schneiderman LJ, Gilmer T, Teetzel HD, et, al. Effect of ethics consultations on nonbeneficial life-sustaining treatments in the intensive care setting. *JAMA* 2003;290:1166–72.
14. Dowdy MD, Robertson C, Bander JA. A study of proactive ethics consultation for critically and terminally ill patients with extended lengths of stay. *Crit Care Med*. 1998;26:252–59.
15. Heilicser BJ, Meltzer D, Siegler M. The effect of clinical medical ethics consultation on healthcare costs. *J Clin Ethics* 2000;11:31–38.
16. Department of Veterans Affairs, Office of Inspector General. *Summary Report of Combined Assessment Program Reviews at the Veterans Health Administration Medical Facilities, April 2001 Through September 2002*. Report No. 02-018211-28.
17. U.S. Department of Veterans Affairs, National Center for Ethics in Health Care. *Update* 2006; Fall. Available at <http://vawww.ethics.va.gov>.
18. Levinson W, Roter DL, Mullooly JP, Dull VT, Frankel, RM. Physician-patient communication. The relationship with malpractice claims among primary care physicians and surgeons. *JAMA* 1997;277:553–59.
19. Vincent C, Young M, Phillips A. Why do people sue doctors? A study of patients and relatives taking legal action. *The Lancet* 1994;343:1609–13.
20. Kraman SS, Hamm G. Risk management: Extreme honesty may be the best policy. *Ann Intern Med*. 1999;131:963–67.
21. Metzger M, Dalton DR, Hill JW. The organization of ethics and the ethics of organization. *Bus Ethics Qtrly* 1993;3:27–43.
22. Gellerman S. Why good managers make bad ethical choices. *Harvard Business Review on Corporate Ethics*. Cambridge, MA: HBS Press;2003:49–66. (Article originally published in *Harvard Business Review*, July–August 1986.)

Tab 5
Video Course

Preventive Ethics Video Course

Training Checklist

All members of the preventive ethics service should, at a minimum:

- read the IntegratedEthics communications materials
- read the preventive ethics primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*
- complete the preventive ethics video course

Use the following checklist to make sure that all members of the preventive ethics team have received the minimum training:

- ☐ **Identify who should receive preventive ethics training.** Your list should include all members of the preventive ethics team, as well as the IntegratedEthics Program Officer.
- ☐ **Make sure that everyone has read the IntegratedEthics communications materials.** Distribute copies, if necessary.
- ☐ **Make sure that everyone has read the preventive ethics primer.** Distribute copies if necessary.
- ☐ **Schedule a date and time for the preventive ethics video training session.** This is a one-hour session, including an exercise to be completed during the video.
- ☐ **Reserve a room with TV and DVD player for each training session.** Make sure that the room has ample seating and table space for all viewers. The session includes group discussion and a written exercise.
- ☐ **Photocopy worksheets and answer keys for each participant.** Masters for the worksheet and answer key can be found following this checklist.
- ☐ **Distribute worksheets and answer keys before starting the video course.**

Answer keys may be referred to as needed to guide the discussion/activity.

Exercise

Identifying the Improvement Goal

Identifying the improvement goal helps to clarify the meaning of ill-defined terms and to ensure that everyone is talking about the same aspect of a complex issue. If a proposed issue is defined too broadly, stating a specific improvement goal will help the team focus more narrowly and define the issue in more manageable terms. It will also help to ensure that the team doesn't indulge in primarily theoretical or judgmental discussions, but operates instead in a practical, problem-solving mode.

Instructions: Identify the improvement goal for each of the ethics issues described below.

The improvement goal should describe in general terms what change the team expects to see after completion of their work. For example, "Practitioners will understand the institution's policy on conscientious objection."

Issue A: There have been a number of cases in which patients with dementia have advance directives that state treatment preferences the surrogate thinks are outdated. The surrogates in these cases stated that while the patient was still capable, and after the date on the directive, the patient had communicated treatment preferences to the surrogate that were contrary to those expressed in the written advance directive.

Improvement Goal: _____

Issue B: Nurses in the ICU have repeatedly expressed concerns that patients are treated aggressively when this is only serving to prolong the dying process and add to the patient's suffering.

Improvement Goal: _____

Issue C: A recent staff survey revealed that a majority of employees were reluctant to bring ethical concerns to their supervisors. Further, only a quarter of employees knew that the facility had an ethics consultation function available to help staff clarify ethics questions.

Improvement Goal: _____

Exercise—Answer Key**Identifying the Improvement Goal**

Issue A: There have been a number of cases in which patients with dementia have advance directives that state treatment preferences the surrogate thinks are outdated. The surrogates in these cases stated that while the patient was still capable, and after the date on the directive, the patient had communicated treatment preferences to the surrogate that were contrary to those expressed in the written advance directive.

Improvement Goal: Increase the percentage of advance directives that accurately reflect the patient's most recent treatment preferences.

Issue B: Nurses in the ICU have repeatedly expressed concerns that patients are treated aggressively when this is only serving to prolong the dying process and add to the patient's suffering.

Improvement Goal: Increase the percentage of ICU patients near death who receive a level of care appropriate to their condition, including comfort or palliative care.

Issue C: A recent staff survey revealed that a majority of employees were reluctant to bring ethical concerns to their supervisors. Further, only a quarter of employees knew that the facility had an ethics consultation function available to help staff clarify ethics questions.

Improvement Goal: Increase the percentage of employees who are aware of institutional resources available to address ethics questions.

Tab 6
Tools

Preventive Ethics ISSUES Log

Directions: The purpose of the ISSUES Log is to keep a current and updated list of ethics issues that are appropriate for the ISSUES approach.

Date ISSUES Cycle initiated/ Date referred								
Working Title								
Preliminary Improvement Goal								
Ethics Quality Gap**								
Ethics Quality Gap? (Y/N)								
Ethics Domain*								
Ethical Concern? (Y/N)								
Ethics Issue								
Referral Source								
Date First Discussed								

* Ethics Domains:

1. Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
2. Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
3. Patient privacy and confidentiality (how well the facility assures that patient privacy and confidentiality are protected)
4. Professionalism in patient care (how well the facility fosters employee behavior that reflects professional standards)
5. Ethical practices in resource allocation (how well the facility ensures fairness in the way it allocates its resources across programs, services, and patients)
6. Ethical practices in business management (how well the facility promotes high ethical standards in its business and management practices)
7. Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
8. Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
9. Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace)

**** Ethics Quality Gaps:**

1. There is a pattern of similar cases that raise ethics concerns
2. Health care practices deviate from accepted ethical standards
3. Guidance regarding ethical health care practices is inconsistent or unclear
4. There is a lack of knowledge about ethical health care practices
5. Systems or processes systematically undermine ethical practices
6. Systems or processes designed to promote ethical practices are not functioning well
7. The organization is otherwise failing to promote ethical health care practices

Some ethics issues relate to how well the facility ensures that the IntegratedEthics program meets its goals. For these issues, enter "IE" as the ethics domain.

Preventive Ethics ISSUES Log SAMPLE

Directions: The purpose of the ISSUES Log is to keep a current and updated list of ethics issues that are appropriate for the ISSUES approach.

Date ISSUES Cycle initiated/ Date referred	Working Title	Preliminary Improvement Goal	Ethics Quality Gap**	Ethics Quality Gap? (Y/N)	Ethics Domain*	Ethical Concern? (Y/N)	Ethics Issue	Referral Source	Date First Discussed
1/15/07	Timely Response to Ethics Consultation Requests	Increase the number of consultation requests that are responded to within a time frame that matches the requester's needs	(6)	Y	(1)	Y	The ethics consultation service is not responding in a timely enough manner, especially in situations the requester perceives as urgent	CEB	1/10/07
3/12/07	Review of Existing Advance Directives on Admission	Increase the number of advance directives that are reviewed and updated upon hospital admission	(4)	Y	(2)	Y	Clinicians are not reviewing and updating patients' advance directives when they are admitted to the hospital	CMO	3/12/07
3/12/07	Discussing End-of-Life Issues with the Patient First	Decrease the number of cases where clinicians discuss end-of-life issues with family members before talking to the competent patient	(1)	Y	(3)	Y	There are recurring cases of clinicians discussing end-of-life issues with a family member before talking with the competent patient	Ethics Consultation Coordinator	3/12/07
	Assuring Privacy During ER Interviews and Exams	Decrease patient privacy complaints in the emergency room	(2)	Y	(4)	Y	The patient advocate's office has received numerous complaints from emergency room patients regarding a lack of privacy when they are being interviewed or examined by clinical staff	Patient Advocate Office	6/15/07
	Promoting Respect for Professional Boundaries	Decrease boundary violations between patients and staff on the spinal injury unit	(3)	Y	(5)	Y	There have been several reports of staff in the spinal cord injury program having developed personal relationships with patients, including romantic relationships and friendships	Service Chief	8/1/07

Preventive Ethics ISSUES Log SAMPLE

Directions: The purpose of the ISSUES Log is to keep a current and updated list of ethics issues that are appropriate for the ISSUES approach.

Date First Discussed	Referral Source	Ethics Issue	Ethical Concern? (Y/N)	Ethics Domain*	Ethics Quality Gap? (Y/N)	Ethics Quality Gap**	Preliminary Improvement Goal	Working Title	Date ISSUES Cycle initiated/ Date referred
11/07/07	HR	Supervisors are dating staff in their departments	Y	(8)	Y	(1)	Decrease boundary violations between supervisors and subordinates	Employee-supervisor boundaries	
11/19/07	Business Services	Accountants are gaming the system to meet performance measures	Y	(7)	Y	(6)	Increase the accuracy of data related to performance measures in the accounting department	Gaming the system	

* Ethics Domains:

1. Shared decision making (how well the facility promotes collaborative decision making between clinicians and patients)
2. End-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
3. Privacy and confidentiality (how well the facility assures that patient privacy and confidentiality are protected)
4. Professionalism (how well the facility fosters employee behavior that reflects professional standards)
5. Resource allocation (how well the facility ensures fairness in the way it allocates its resources across programs, services, and patients)
6. Ethical practices in business management (how well the facility promotes high ethical standards in its business and management practices)
7. Ethical practices in the everyday workplace
8. Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
9. Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)

Some ethics issues relate to how well the facility ensures that the IntegratedEthics program meets its goals. For these issues, enter "IE" as the ethics domain.

** Ethics Quality Gaps:

1. There is a pattern of similar cases that raise ethics concerns
2. Health care practices deviate from accepted ethical standards
3. Guidance regarding ethical health care practices is inconsistent or unclear
4. There is a lack of knowledge about ethical health care practices
5. Systems or processes systematically undermine ethical practices
6. Systems or processes designed to promote ethical practices are not functioning well
7. The organization is otherwise failing to promote ethical health care practices

Preventive Ethics Meeting Minutes

Date:

Chairperson:

Time:

Recorder:

Members Present:

Guests:

ISSUES Approach

(Duplicate for each issue discussed at the meeting)

Working Title for Issue:

Steps in the Process (Check step(s) worked on during the meeting):

- ☐ 1. Identify an Issue ☐ 3. Select a Strategy ☐ 5. Evaluate and Adjust
☐ 2. Study the Issue ☐ 4. Undertake a Plan ☐ 6. Sustain and Spread

Summarize Discussion or Recommendations:

Review and Assign Action Items:

Step	Action Item	Responsible Member	Due Date

Other Agenda Items

Topic:

Summary of Discussion:

Planned Action(s):

Time and Location of Next Meeting:

Preventive Ethics Meeting Minutes–Sample

Date: 12.09.2006

Chairperson: Celestine Chiverotti RN MBA

Time: 3:00 PM

Recorder: CC

Members Present: August Groppi, Elizabeth Mattes, Dominic Garibaldi, Claudius Hunt

Guests: None

ISSUES Approach

(Duplicate for each issue discussed at the meeting)

Working Title for Issue: Timely Response to Ethics Consultation Requests

Steps in the Process (Check step[s] worked on during the meeting):

- ☐ 1. Identify an Issue ☐ 3. Select a Strategy ☒ 5. Evaluate and Adjust
☐ 2. Study the Issue ☐ 4. Undertake a Plan ☒ 6. Sustain and Spread

Summarize Discussion or Recommendations:

The team reviewed the completed ISSUES Summary document, approved it, and recommended that the Summary be disseminated to leadership, quality management and members of the ethics consultation service.

Review and Assign Action Items:

Step	Action Item	Responsible Member	Due Date
1	Review with senior leadership	Chiverotti	4.12.07
2	Review with quality management staff	Chiverotti	4.12.07
3	Review with the ethics consultation service	Groppi	4.15.07

Other Agenda Items

Topic: Select the next ethics issue for the ISSUES approach

Summary of Discussion: Given that the Timely Response to Ethics Consultation Requests project is coming to a close, the team agreed that it was time to select another ethics issue for the ISSUES approach.

Planned Action(s): The chairperson will distribute the updated ISSUES Log to all team members by next Tuesday. Team members agree to review the log in advance of the meeting and identify their “top three” issues from the current list. The goal of the next meeting will be to choose an ethics issue to refer for the ISSUES approach.

Time and Location of Next Meeting: 3:00 PM, 01.13.06 in the GRECC Conference Room

Preventive Ethics ISSUES Storyboard

Directions: The purpose of the ISSUES Storyboard is to tell the “story” of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System:

Working Title:

Date:

Team Members *(First, Last Name, Title, Role):*

Ad hoc Members *(First, Last Name, Title, Role):*

Identify an Issue

Briefly summarize the ethics issue and the source:

List the (preliminary) improvement goal:

Describe why the issue was selected as a priority by the preventive ethics team:

Study the Issue

Diagram the process behind the relevant practice:

Summarize the information gathered about best practices (for each information source):

Summarize the information gathered about current practices (for each information source):

Refine the improvement goal to reflect the ethics quality gap (include a time frame, if possible):

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a “fishbone” or other cause-and-effect diagram:

Brainstorm possible strategies to narrow the gap:

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the “who, what, when, and where” of the plan:

Describe any potential barriers to implementing the plan and how these will be addressed:

List the measures that will show how well the strategy was implemented (execution):

List measures that will show how well the strategy accomplished the improvement goal (results):

Evaluate and Adjust

Assess whether the strategy was implemented as planned (execution):

Assess whether the strategy accomplished the improvement goal (results):

Describe any other positive or negative effects of the strategy:

Check the box that best summarizes the overall effect of the strategy:

- ☐ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)

- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)

- ☐ The strategy failed to improve the process even though it was executed as planned

Check the box that best describes the preventive ethics team's next steps:

- ☐ Implement the strategy and integrate into standard operating procedures
- ☐ Modify the strategy and try again
- ☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or increased. Identify the department, service, or unit that will be responsible for monitoring

- ☐ No plan to monitor
- ☐ Monthly or more frequently by _____(department, service, unit)
- ☐ Quarterly by _____(department, service, unit)
- ☐ Annually by _____(department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Describe how the process could be improved in future ISSUES cycles:

Preventive Ethics ISSUES Storyboard–Sample 1

Directions: The purpose of the ISSUES Storyboard is to tell the "story" of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System: VA Pearl Valley

Working Title: Timely Response to Ethics Consultation Requests

Date: January 5, 2007

Team Members (*First, Last Name, Title, Role*):

Celestine Chiverotti RN MBA	Quality Management
August Groppi MD	Ethics Consultant and Primary Care Physician
Elizabeth Mattes BA	Administrative Officer

Ad hoc Members (*First, Last Name, Title, Role*):

Dominic Garibaldi RN ARNP	Function Coordinator, Ethics Consultation
Claudius Hunt MD	Intensivist, Medical Service

Identify an Issue

Briefly summarize the ethics issue and the source:

A series of formal and anecdotal complaints suggests that the ethics consultation service fails to respond in a timely manner, especially in situations that the requester perceives as urgent.

List the (preliminary) improvement goal:

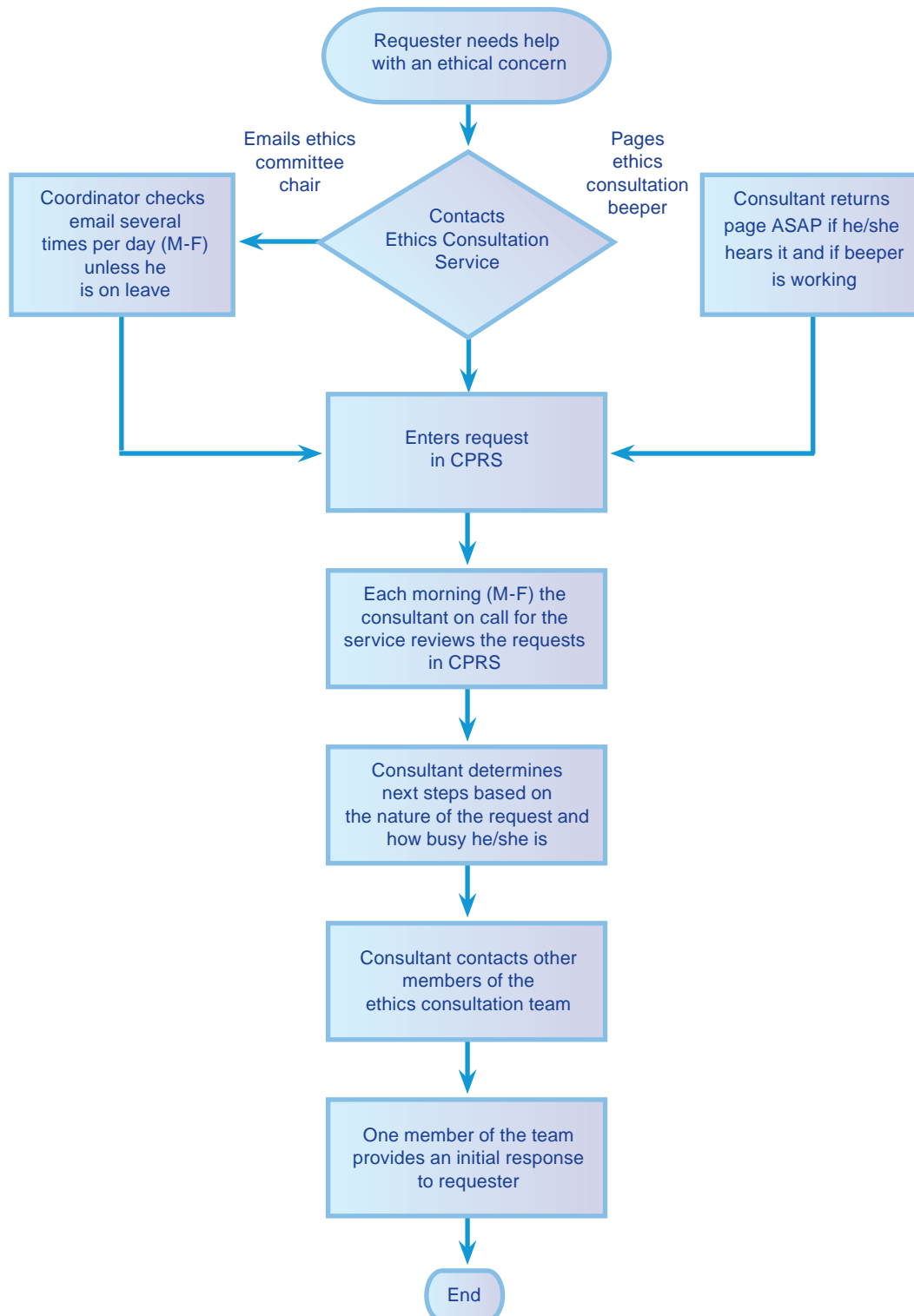
Increase the number of consultation requests that are responded to within a time frame that matches the requester's needs.

Describe why the issue was selected as a priority by the preventive ethics team:

This issue was given high priority because some requesters stated that they were unlikely to use the service again, or to recommend the service to colleagues, due to the lack of a timely response. In one case, there was a possible negative impact on patient decision making as a result of the delayed response. In addition, the issue is important to facility leadership, and is amenable to change. Finally, the gap can likely be narrowed with a small expenditure of resources.

Study the Issue

Diagram the process behind the relevant practice:



Summarize the information gathered about best practices (for each information source)

1. *Ethics Consultation: Responding to Ethics Questions in Health Care*, (VHA) National Center for Ethics in Health Care: The document indicates that the availability of ethics consultation should match the demand for the service. For routine requests the consultant must make the initial contact within 24 hours. Urgent requests should be responded to as soon as possible on the same day. After-hours coverage arrangements may vary, but preferably consultants should be available weekends, nights, and holidays.
2. A search of the literature found no agreed upon time frames or even recommendations for what constitutes a timely response to a consultation request.
3. Contact with several VA facilities revealed that the initial time frame for responding to a consultation request was highly variable. However, one VA with a large volume of referrals found good requester satisfaction when responding to routine requests within 24 hours and urgent requests within 4 hours.

Summarize the information gathered about current practices (for each information source)

1. Requester Complaints: The ethics committee has received several complaints from requesters who expressed frustration with never knowing when to expect the consultant to respond to a request for assistance. Requesters were especially critical of the service when they requested urgent assistance.
2. Chart Review: A chart review was conducted on all case consultations requested over the past calendar year. The chart review found that of 20 consultation requests, 15 (67%) were considered routine requests and 5 (33%) were considered urgent. Of the 15 routine requests, 9/15 or 60% of cases were responded to within a 24-hour period. Of the 5 urgent requests, only 1/5 or 20% of cases were responded to within 4 hours.

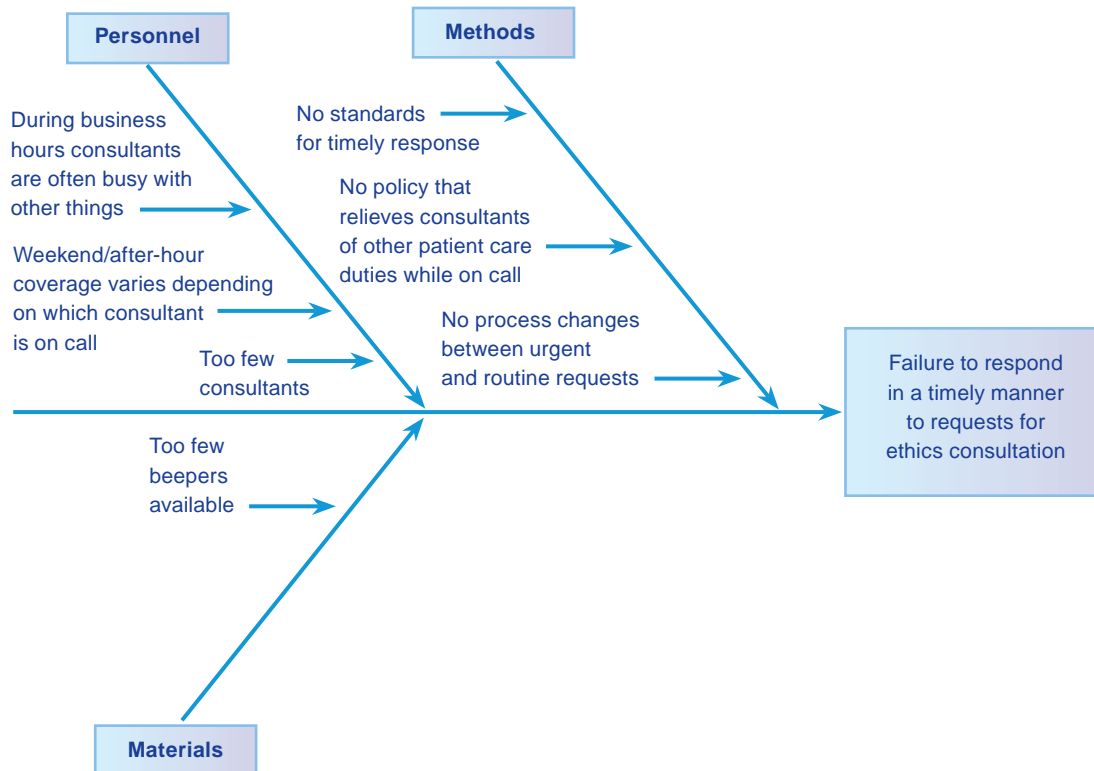
Refine the improvement goal to include the ethics quality gap (include a time frame, if possible)

Within 6 months, increase the percentage of routine requests that are responded to within 24 hours from 60% to 85%, and the percentage of urgent requests that are responded to within 4 hours from 20% to 90%.

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a “fishbone” or other cause-and-effect diagram:

Failure to Respond in a Timely Manner to Requests for Ethics Consultation



Brainstorm possible strategies to narrow the gap:

1. Identify consultants who are the least timely and counsel them
2. Recruit and train more consultants
3. Free up existing consultants from their other duties
4. Buy more beepers
5. Hire contractors to serve as consultants on nights and weekends
6. Develop consultation service standards that specify expected time frames for initial response to routine and urgent requests
7. Begin routinely collecting data on requester satisfaction
8. In feedback forms, assess the requester's perception of timeliness relative to his/her needs (as satisfaction can be expected to improve if you establish realistic expectations by notifying requesters of anticipated time frames for response)

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

The preventive ethics team recognized that no service standards had been developed for the consultants. Therefore, the team selected “develop consultation service standards that specify expected time frames for initial response to routine and urgent requests.” In addition, the preventive ethics team decided to routinely collect data on requester satisfaction with the service, including a question about perceived timeliness relative to the requester's needs.

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the “who, what, when, and where” of the plan:

The strategy will be tested over 6 months beginning in 2 weeks. Next week the Ethics Consultation Coordinator will meet with the consult service to explain the standards and ask everyone to adhere to them. He will also regularly reinforce the standards during the test period. After each consult is completed, E. Mattes will distribute the IntegratedEthics Ethics Consultation Feedback Tool to the requester within 24 hours, and send an email reminder if no response is received within 3 days. C. Chiverotti will review all consults in the test period, recording response time and urgency of request. She will analyze the data within 2 weeks following the conclusion of the study period.

Describe any potential barriers to implementing the plan and how these will be addressed:

The Ethics Consultation Coordinator stated that he is afraid that he may lose consultants if they are asked to respond within a standardized time frame, especially if this would interfere with patient care activities that are part of their jobs. In order to address this concern, the preventive ethics team proposed adding the development of a consultant buddy system to the ISSUES log for potential future action. The goal of the buddy system would be to provide backup to the consultant on call if he or she is unable to respond within the specified time frame due to pressing patient care activities. In addition, most of the ethics consultants were informally polled regarding the proposed time frames. Generally, they believed the timeliness standards were reasonable.

List the measures that will show how well the strategy was implemented (execution)

1. Percentage of consultants who received information about the new standards
2. Percentage of requesters who were provided with a satisfaction survey

List measures that will show how well the strategy accomplished the improvement goal (results):

1. Percentage of routine requests in which an ethics consultant responds within 24 hours
2. Percentage of urgent requests in which an ethics consultant responds within 4 hours
3. Percentage of requesters who rated the timeliness of the consultant's response as "very good" or "excellent"

Evaluate and Adjust**Assess whether the strategy was implemented as planned (execution):**

Measure #1 (Percentage of consultants who received information about the new standards): 5/5 or 100% of consultants attended a meeting in which the Ethics Consultation Coordinator discussed the new standards. Measure #2 (Percentage of requesters who were provided with a satisfaction survey): 12/12 or 100% of requesters were provided with a satisfaction survey.

Assess whether the strategy accomplished the improvement goal (results):

Measure #1 (Percentage of routine requests in which an ethics consultant responds within 24 hours): Pre-strategy: 9/15 or 60% of routine requests were responded to within 24 hours. Post-strategy: 8/9 or 89% of routine requests were responded to within 24 hours

Measure #2 (Percentage of urgent requests in which an ethics consultant responds within 4 hours): Pre-strategy: 1/5 or 20% of urgent requests were responded to within 4 hours. Post-strategy: 3/3 or 100% of urgent requests were responded to within 4 hours

Measure #3 (Percentage of requesters who rated the timeliness of the consultant's response as "very good" or "excellent"): Pre-strategy: No satisfaction survey data. Post-strategy: 9/10 or 90% of requesters rated the timeliness of the response as "very good" or "excellent."

Describe any other positive or negative effects of the strategy:

On the positive side, requesters indicated that they were likely to utilize the service again, and recommend the service to colleagues. On the negative side, this may increase the volume of referrals to the service beyond present its current capacity. This will need to be monitored

Check the box that best summarizes the overall effect of the strategy:

- ☒ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)

- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)

Check the box that best describes the preventive ethics team's next steps:

- ☐ Implement the strategy and integrate into standard operating procedures
- ☐ Modify the strategy and try again
- ☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or increased. Identify the department, service, or unit that will be responsible for monitoring

- ☐ No plan to monitor
- ☐ Monthly or more frequently by _____ (department, service, unit)
- ☒ Quarterly by _____ Ethics Consultation Coordinator _____ (department, service, unit)
- ☐ Annually by _____ (department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Involving consultants and requesters in diagramming the referral process, since they knew how the referral process really worked. Researching best practices to help guide development of response standards. Discussing proposed response standards with consultants in order to promote buy-in. Developing simple measures to validate whether or not the strategy actually reduced the ethics quality gap.

Describe how the process could be improved in future ISSUES cycles:

Setting up regular meetings and tracking assignments in meeting minutes. We sometimes lost track of who was supposed to carry out which activity.

Preventive Ethics ISSUES Storyboard–Sample 2

Directions: The purpose of the ISSUES Storyboard is to tell the "story" of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System:

Working Title: Clinician influence in setting resource allocation priorities

Date: January 10, 2007

Team Members (*First, Last Name, Title, Role*):

Glenise McKenzie RN PhD	Function Coordinator, Preventive Ethics
Sarah Shannon RN MPH	Quality Manager
Ford Michaels JD	Integrated Ethics Program Officer

Ad hoc Members (*First, Last Name, Title, Role*):

Forest Patrick MD	Chief Medical Officer
Mary Agnes McCarthy MBA	Chief Financial Officer
Karen Goldson MA	Ethics Consultant

Identify an Issue

Briefly summarize the ethics issue and the source:

In 2006, facility leadership undertook a global assessment of their health care ethics environment through the use of a staff survey. The facility fared poorly in the section of the survey that assessed how fairly the facility allocated its resources across programs and services. In particular, clinicians overwhelmingly perceived that they exerted little or no influence when setting allocation priorities.

List the (preliminary) improvement goal:

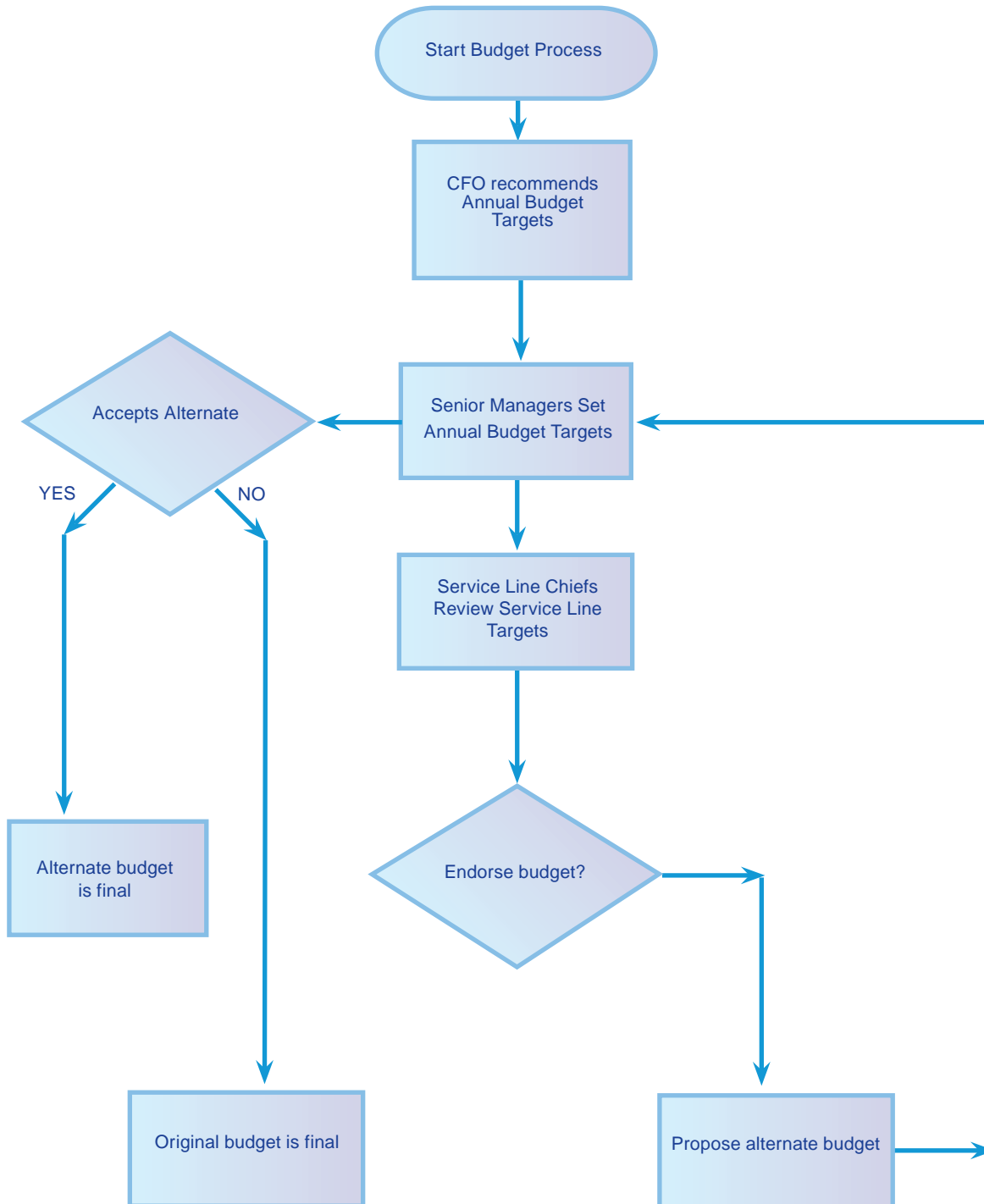
Increase clinician participation in setting allocation priorities.

Describe why the issue was selected as a priority by the preventive ethics team:

This issue is a high priority of both clinical and management staff and there is persuasive baseline data available to indicate the presence of an ethics quality gap. In addition, the perceived lack of influence by facility clinicians is adversely impacting morale and attrition has increased markedly over the past year and one half.

Study the Issue

Diagram the process behind the relevant practice:



Summarize the information gathered about best practices (for each information source)

Literature Review: The literature emphasizes the importance of a fair process for decision making. Leventhal was the first and most influential scholar to apply a procedural framework to decision making within organizations. His procedural framework includes elements such as the consistent application of procedures across people and time, freedom from bias (ensuring no vested interest in particular outcome), availability of accurate information, existence of a mechanism to correct flawed decisions, conformity to prevailing standards of ethics, and inclusion of the opinions of those who stand to benefit or be harmed by the decision. (Leventhal, 1980) Leventhal's elements are consistent with stakeholder theory, a prevalent ethics paradigm within business ethics. Stakeholder theory, simply put, states that stakeholders have a right to participate in decision that effect them because they stand to directly benefit or be harmed by these decisions. The job of management is to reconcile conflicting interests to arrive at consensus.

At a minimum, facilities should have in place some mechanism to solicit the input of important institutional stakeholders including clinicians, who are closest to the concerns and interests of patients. The literature also suggests that if clinicians and other stakeholders believe that the process is fair, they are more likely to remain invested in the organization, even when a decision is inconsistent with their short term interests.

Key Informant Interviews: Service chiefs generally did not solicit input from their staff during the budgeting process or when setting priorities for capital expenditures. The notable exception was the Surgical Service Line Chief who met with physicians, nurses and other staff during the budgeting process to explain the “big picture” and to help her identify financial priorities for the upcoming budget cycle, including major capital purchases. The clinicians on this service rated the process a fair and believed they had significant influence.

Summarize the information gathered about current practices (for each information source)

1. Staff Survey: The staff survey results indicated that roughly 10% of physicians perceived themselves to be “very influential” in setting allocation priorities, 20% “moderately influential, and 70% either “not very influential” or “not at all influential.”

When management examined the results by discipline and then service line, they found similar result for physicians, nurses and allied health, but the service line data was much more variable. The results indicated that surgical services staff perceived themselves to be the most influential and geriatric extended care perceived themselves to be the least influential in setting allocation priorities.

2. Process Flow Diagram: The process flow diagram indicates that senior management does not routinely request input below the level of service chief and that service chiefs (with the exception of the surgical chief) do not typically solicit input from their staff when advising senior management on operational and capital budgets.

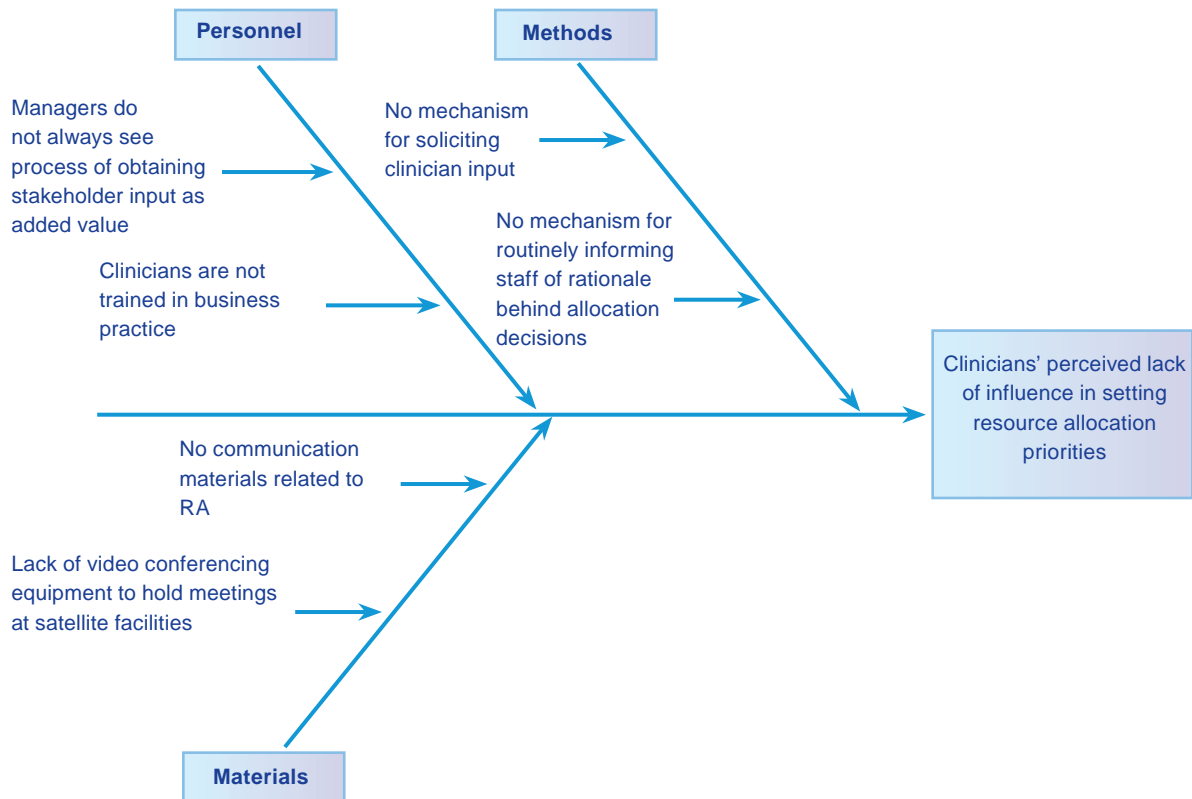
Refine the improvement goal to include the ethics quality gap (include a time frame, if possible)

Increase the percentage of clinicians that perceive that they are “moderately” or “very influential” in setting allocation priorities from 30% to 60%.

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a “fishbone” or other cause-and-effect diagram:

Clinician Influence in Setting Resource Allocation Priorities



Brainstorm possible strategies to narrow the gap:

1. Institute a mini-series on business aspects of health care delivery including the budgeting process. Amend present budgeting process to include a mechanism for service chiefs to solicit staff input when setting allocation priorities for their service
2. Develop a communication plan to inform staff of the reasoning behind major allocation decisions. Include a clinician representative on the resource allocation team. Hold town meetings or drop in sessions where staff can ask questions of the senior executive

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

Amend present budgeting process to include a mechanism for service chiefs to solicit staff input when setting allocation priorities for their services.

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the “who, what, when, and where” of the plan:

The strategy will be tested during the upcoming capital budget cycle (equipment purchases) on the geriatric extended care services where clinicians perceive that they have little influence over setting allocation priorities for their service. The service chief will meet with staff and identify equipment needs and prioritize them. Priority setting will occur over a two week period and include 6 focus groups --- two per shift. The goal is to include at least 60% of the services clinicians in the focus groups.

A preventive ethics team member will attend these meetings and solicit input from staff regarding their satisfaction with the new form and protocols. The staff will be asked to complete a 5 question survey that includes the question related to how influential they perceive themselves to be in setting allocation priorities.

Describe any potential barriers to implementing the plan and how these will be addressed:

There are several “opinion leaders” on the unit whose support is needed for this strategy to succeed. The service has become cynical over the past 2 years as their aging equipment has not been replaced, in favor of other institutional priorities. The preventive ethics coordinator and service line chief will meet with these individuals and review the plan and solicit input and suggestions.

List the measures that will show how well the strategy was implemented (execution)

1. Percentage (%) of the services physicians, nurses and other staff who attend a focus group
2. Number of focus groups conducted over a two week period

List measures that will show how well the strategy accomplished the improvement goal (results):

1. Percentage (%) of clinicians who perceive that they are “moderately” or “very influential” in setting allocation priorities
2. Satisfaction of staff with the process of prioritizing capital equipment (Qualitative data)

Evaluate and Adjust**Assess whether the strategy was implemented as planned (execution):**

Measure # 1 Percentage (%) of the services physicians, nurses and other staff who attend a focus group

70% of the services physicians, nurses, and other staff attended a focus group

Exceeded target of 60%

Measure # 2 Number of focus groups conducted over a two week period

5 focus groups were conducted

Target was 6 focus groups

Assess whether the strategy accomplished the improvement goal (results):

Measure # 1 Percentage (%) of clinicians who perceived that they were “moderately” or “very influential” in setting allocation priorities

Pre-strategy: 15% of geriatric extended care clinicians perceived themselves to be “moderately” or “very influential” in setting allocation priorities

Post-strategy: 65% of geriatric extended care clinicians perceived themselves to be “moderately” or “very influential” in settling allocation priorities

Exceeded target of 60%

Measure # 2 Satisfaction of staff (Qualitative data)

Staff expressed satisfaction with process and believed it should become a routine part of the allocation process.

Describe any other positive or negative effects of the strategy:

In order to accommodate this change, the budget process will need to commence roughly a month earlier than it presently does.

Check the box that best summarizes the overall effect of the strategy:

- ☒ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)

- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)

Check the box that best describes the preventive ethics team's next steps:

- ☒ Implement the strategy and integrate into standard operating procedures
- ☐ Modify the strategy and try again
- ☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or increased. Identify the department, service, or unit that will be responsible for monitoring

- ☐ No plan to monitor
- ☐ Monthly or more frequently by _____ (department, service, unit)
- ☐ Quarterly by _____ (department, service, unit)
- ☒ Annually by _____ Service Line Chief _____ (department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Including opinion leaders prior to implementing focus groups

Testing strategy on one unit

Resource allocation is a difficult issue to undertake. We narrowed it down to a manageable bite, a first step.

Describe how the process could be improved in future ISSUES cycles:

We need to develop better systems to track the data we collect as part of the ISSUES cycle

Preventive Ethics Summary of ISSUES Cycles

Directions: The purpose of the Summary of ISSUES Cycles is to provide a concise snapshot of projects completed by the preventive ethics team.

Working Title	
Date Cycle Started/ Ended	
Ethics Domain	
Ethics Issue	
Ethics Quality Gap	
Refined Improvement Goal	
Strategy	
Results	
Next Steps: Adjust/ Disseminate	

Comments:

Working Title	
Date Cycle Started/ Ended	
Ethics Domain	
Ethics Issue	
Ethics Quality Gap	
Refined Improvement Goal	
Strategy	
Results	
Next Steps: Adjust/ Disseminate	

Comments:

Preventive Ethics Summary of ISSUES Cycles–Sample

Directions: The purpose of the Summary of ISSUES Cycles is to provide a concise snapshot of projects completed by the preventive ethics team.

Working Title	Promoting Respect for Professional Boundaries
Date Cycle Started/ Ended	8.01.06/2.03.07
Ethics Domain	(5) Professionalism
Ethics Issue	There have been several reports of staff in the spinal cord injury program having developed personal relationships with patients, including romantic relationships and friendships
Ethics Quality Gap	(3) Inconsistent or unclear guidance
Refined Improvement Goal	Within 6 months, guidelines regarding professional boundaries will be developed and available for dissemination to facility staff
Strategy	Develop a policy on professional boundaries between clinicians and patients
Results	The policy was developed and vetted within 6 months
Next Steps: Adjust/ Disseminate	Disseminate: Human Resources coordinating with Ethics Program and Service Chiefs to develop education/dissemination plan

Comments:

Working Title	Timely Response to Ethics Consultation Requests
Date Cycle Started/ Ended	01.10.07/9.09.07
Ethics Domain	IntegratedEthics Program
Ethics Issue	Ethics consultation service fails to respond in a timely manner, especially in situations the requester perceives as urgent
Ethics Quality Gap	(6) Systems that are designed to promote ethics practice are not functioning optimally
Refined Improvement Goal	Within 6 months, increase the proportion of routine requests that are responded to within 24 hours from 60% to 85%, and the proportion of urgent requests that are responded to within 4 hours from 20% to 90%.
Strategy	Communicate timeliness standards Routinely collect data on respondent satisfaction
Results	89% of routine consultations were responded to within 24 hours 100% of urgent consultations were responded to within 4 hours 90% of requesters rated the timeliness of response as “very good” or “excellent”
Next Steps: Adjust/ Disseminate	Disseminate

Comments:

Resources in Ethics

In addition to general ethics-related materials available on the Center's website (www.ethics.va.gov), the following resources may be helpful:

Print Resources

Ahronheim JC, Moreno JD, Zuckerman C. *Ethics in Clinical Practice*, 1st ed. Boston: Little Brown;1994.

American Society for Bioethics and Humanities, Task Force on Standards for Bioethics and Humanities. *Core Competencies for Health Care Ethics Consultation: The Report of the American Society for Bioethics and Humanities*. Glenview, IL: American Society for Bioethics and Humanities;1998.

Baily MA, Bottrell M, Lynn J, Jennings B. The ethics of using QI methods to improve health care quality and safety. *Hastings Center Rpt.* 2006;36(4, Special Supplement): S1–S40.

Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*, 5th ed. New York: Oxford University Press;2001.

Cooper TL, ed. *Handbook of Administrative Ethics (Public Administration and Public Policy)*. New York, NY: Marcel Dekker;1994.

Devettere RJ. *Practical Decision Making in Health Care Ethics: Cases and Concepts*, 2nd ed. Washington, DC: Georgetown University Press;2002.

Dubler NN, Liebman CB. *Bioethics Mediation: A Guide to Shaping Shared Solutions*. New York: United Hospital Fund of New York;2004.

Ells C, MacDonald C. Implications of organizational ethics to healthcare. *Healthcare Management Forum* 2002;15(3):32–38.

Fletcher JC, Boyle R. *Introduction to Clinical Ethics*, 2nd ed. Frederick, MD: University Publishing Group;1997.

Giganti E. Organizational ethics is “systems thinking.” *Health Progress* 2004;85(3). Available at www.chausa.org/Pub/MainNav/News/HP/Archive/2004/05MayJune/columns/HP0405d.htm.

Gutman A, Thompson D. *Ethics and Politics: Cases and Comments*, 4th ed. Belmont, CA: Wadsworth Publishing;2005.

Hatcher T. *Ethics and HRD: A New Approach to Leading Responsible Organizations*, 1st ed. New York, NY: Perseus Books Group;2002.

Jonsen A, Siegler M, Winslade W. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 5th ed. New York: McGraw Hill;2002.

Jonsen A, Toulmin S. *The Abuse of Casuistry: A History of Moral Reasoning*. Berkeley: University of California Press;1990.

La Puma J, Schiedermayer D. *Ethics Consultation: A Practical Guide*. Boston: Jones and Bartlett;1994.

Lewis CW, Gilman SC. *The Ethics Challenge in Public Service: A Problem-Solving Guide*, 2nd ed. San Francisco: Jossey-Bass;2005

Lo B. *Resolving Ethical Dilemmas*, 2nd ed. Philadelphia: Lippincott Williams & Wilkins;2000.

Mappes TA, DeGrazia D. *Biomedical Ethics*, 5th ed. New York: McGraw-Hill;2001.

Metzger M, Dalton DR Hill JW. The organization of ethics and the ethics of organization. *Business Ethics Qly.* 1993;3(1):27–43.

Monagle JF, Thomasma, DC. *Health Care Ethics: Critical Issues for the 21st Century*, 2nd ed. Sudbury, MA: Jones and Bartlett;2004.

Oak JC. Integrating ethics with compliance. Reprinted in Council of Ethical Organizations, *The Compliance Case Study Library*. Alexandria, VA: Council of Ethical Organizations;2001:60–78.

Paine LS. Managing for organizational integrity. *Harvard Business Rev.* 1994;Mar-Apr:106–17.

Post SG, ed. *Encyclopedia of Bioethics*, 3rd ed. New York: Macmillan Reference USA;2004.

Steinbock B, Arras J, London, AJ. *Ethical Issues in Modern Medicine*, 6th ed. Boston: McGraw-Hill;2003.

Treviño LK, Nelson KA. *Managing Business Ethics: Straight Talk About How To Do It Right*, 3rd ed. Hoboken, NJ: Wiley;2003.

Werhane PH, Freeman RE. *Business Ethics (The Blackwell Encyclopedia of Management)*, 2nd ed. Boston: Blackwell Publishing;2006.

Woodstock Theological Center. *Seminar in Business Ethics*. Washington: Georgetown University Press;1990. Available at http://guweb.georgetown.edu/centers/woodstock/business_ethics/cmecc.htm.

Online Resources—Codes of Ethics

The Academy of Management

Code of Ethical Conduct

<http://ethics.iit.edu/codes/coe/academy.mgt.b.html>

Standards of Professional Conduct for Academic Management Consultants

<http://ethics.iit.edu/codes/coe/academy.mgt.a.html>

American Association of Nurse Anesthetists

<http://ethics.iit.edu/codes/coe/amer.assoc.nurse.anesthetists.a.html>

American College of Healthcare Executives

http://www.ache.org/abt_ache/code.cfm

American College of Radiology
<http://www.acr.org> (membership required)

American Counseling Association
<http://ethics.iit.edu/codes/coe/amer.couns.assoc.2005.html>

American Medical Record Association
<http://ethics.iit.edu/codes/coe/amer.health.info.assoc.html>

American Medical Association
<http://www.ama-assn.org/ama/put/category/2512.html>

American Nurses Association
<http://nursingworld.org/mods/mod508/code.pdf>

American Pharmaceutical Association
<http://ethics.iit.edu/codes/coe/amer.pharmaceutical.assoc.coe.2.html>

American Pharmacists Association
<http://www.aphanet.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=2809>

American Psychological Association
<http://www.apa.org/ethics/homepage.html>

American Society of Public Administration
<http://ethics.iit.edu/codes/coe/amer.soc.public.admin.c.html>

Association of Professional Chaplains
<http://www.professionalchaplains.org/professional-chaplain-services-about-code-ethics.htm>

Commission on Rehabilitation Counselor Certification
<http://ethics.iit.edu/codes/coe/commission.rehab.counselor.cert.b.html>

Healthcare Information and Management Systems Society
<http://ethics.iit.edu/codes/coe/healthcare.info.mgt.systems.soc.coe.html>

International Association of Administrative Professionals
<http://ethics.iit.edu/codes/coe/int.assoc.admin.pros.1998.html>

National Association of Social Workers
<http://www.socialworkers.org/pubs/code/code.asp>

More professional codes of ethics can be found at http://ethics.iit.edu/codes/codes_index

Online Resources–Ethics Centers & Websites

American Medical Association (AMA)
http://www.ama-assn.org/apps/pf_new/pf_online?category=CEJA&assn=AMA&f_n=mSearch&s_t=&st_p=&nth=1&

American Society for Bioethics and Humanities (ASBH)

<http://www.asbh.org>

Bioethics.net – The American Journal of Bioethics

<http://www.bioethics.net/>

Center for Bioethics, University of Pennsylvania

<http://www.bioethics.upenn.edu/>

Center for the Study of Bioethics, Medical College of Wisconsin

<http://www.mcw.edu/bioethics/index.html>

The Cross Cultural Health Care Program

<http://www.xculture.org/index.cfm>

End of Life/Palliative Education Resource Center

<http://www.eperc.mcw.edu/About.htm>

The Ethics Resource Center

<http://www.ethics.org/>

EthnoMed

<http://ethnomed.org/>

The Hastings Center

<http://www.thehastingscenter.org/>

Kennedy Institute of Ethics, Georgetown University

<http://kennedyinstitute.georgetown.edu/index.htm>

National Bioethics Advisory Commission (NBAC)

<http://www.georgetown.edu/research/nrcbl/nbac/>

National Reference Center for Bioethics Literature, Georgetown University

<http://www.georgetown.edu/research/nrcbl/nrc/index.htm>

Nuffield Council on Bioethics

<http://www.nuffieldbioethics.org/>

University of Minnesota Center for Bioethics

<http://www.bioethics.umn.edu/>

VHA Policies

Available from the Center's website, <http://vaww.ethics.va.gov/activities/policy.asp>:

VHA Handbook 1004.1, Informed Consent for Clinical Treatments & Procedures

VHA Handbook 1004.2, Advance Health Care Planning

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols within the Department of Veterans Affairs

VHA Directive 2005-049, Disclosure of Adverse Events to Patients

Other VA and public policies relating to ethics:

VHA Directive 2001-027, Organ Transplants

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=323

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1339

VHA Handbook 1004.1, Informed Consent for Treatments and Procedures

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=404

VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1150

VHA Handbook 1058.2, Research Misconduct

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1259

VHA Handbook 1200.5, Requirements for the Protection of Human Subjects in Research

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=418

VHA Handbook 1605.1, Privacy and Release of Information

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch

usage.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices

www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles

www.gpoaccess.gov/uscode

Other important standards are established by accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, <http://www.jointcommission.org>) and the Commission on Accreditation of Rehabilitation Facilities (CARF, <http://www.carf.org>).

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

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UNDERTAKE a Plan

Plan how to carry out the strategy

- Determine what steps need to be done and who needs to do them
- Recruit others to help with the plan if necessary
- Involve frontline staff
- Consider who else needs to be involved or informed
- Anticipate barriers to implementation and address them proactively

Plan how to evaluate the strategy

- Develop measures to assess:
 - ◆ How well the strategy was implemented (execution)
 - ◆ How well the strategy accomplished the improvement goal (results)
- Use a combination of several complementary measures
- Be sure that the measures selected correlate well with the desired practice
- Keep measures simple by focusing on what can be counted easily
- Consider collecting data over time and comparing practices before and after implementing the strategy
- Develop a plan for analyzing the data collected
- State up front how much data will be adequate to demonstrate whether the change is working

Execute the plan

- Spell out each task in detail, assign it to a specific person, and set explicit deadlines
- Appoint a team member to oversee and monitor the execution of the plan
- Also appoint someone to monitor the results in real time
- Make mid-course corrections as needed based on what works and what doesn't

EVALUATE and Adjust

Check the execution and the results

- Consider these questions:
 - ◆ Was the strategy executed as planned?
 - ◆ Did the strategy achieve the improvement goal? Did it improve the practice as intended? Did it narrow the ethics quality gap? If not, why not?
 - ◆ Is the strategy having other positive or negative effects?
- Adjust as necessary
- If the strategy worked, determine whether the improvement was sufficient to declare victory
 - If the strategy didn't work, modify it and conduct another test, look at a different strategy, or start over with a new issue

Evaluate your ISSUES process

- Complete a self-evaluation of each ISSUES cycle
- Compare what you did with the ISSUES approach
- Discuss lessons learned and opportunities for improvement
- Seek input from other participants in the process to determine how it could be improved

SUSTAIN and Spread

Sustain the improvement

- If the strategy was successful, integrate the change into standard operating procedures

Disseminate the improvement

- Implement the change more broadly, if applicable
- Disseminate results to management, those involved in the process, and others who could learn from the process

Continue monitoring

- Follow up to make sure practices do not revert to the pre-intervention baseline



Preventive Ethics Addressing Health Care Ethics Quality Gaps on a Systems Level

This card describes the ISSUES approach, a practical, systematic process for identifying and addressing systems-level ethics issues that arise in health care institutions.

This process involves six steps:

- Identify** an Issue
- Study** the Issue
- Select** a Strategy
- Undertake** a Plan
- Evaluate** and Adjust
- Sustain** and Spread

Based on established principles and methods of quality improvement, the ISSUES approach was specifically designed to help preventive ethics teams improve the systems and processes that influence ethical health care practices within a facility.

Although these steps are presented in a linear fashion, it should be recognized that ISSUES is a fluid process and the distinction between steps may blur in the context of a specific ethics issue. At times, it may be necessary to repeat steps in order to achieve a particular improvement goal.

IDENTIFY an Issue

Be proactive in identifying ethics issues

- Gather and maintain a list of ethics issues
- Establish regular contact with groups, such as the ethics consultation service, senior management, service and program heads, quality management staff
- Ensure that those who may wish to refer ethics issues are knowledgeable about the preventive ethics team and what it does
- Examine other sources of information, such as accreditation reviews and sentinel event reports

Characterize each issue

- Does the issue give rise to an ethical concern?
- Does the issue suggest an ethics quality gap?
- When in doubt, consider whether another process in the organization should address the issue
- Keep a log of issues for future consideration

Clarify each issue by listing the improvement goal

- Specify the improvement goal the team would like to achieve
- Assign a shorthand working title that expresses both the ethics issue and the improvement goal

Prioritize the issues and select one

- Select an issue in which the improvement effort is likely to have a real impact on the facility's ethical practices
- Consider these questions:
 - ◆ Is the issue a high priority for leadership or other important stakeholders?
 - ◆ Are there data indicating an ethics quality gap?
 - ◆ How significant are the issue and its effects?
 - ◆ Is the issue of manageable size and scope? Can it be broken down into components?
 - ◆ Is it likely that the preventive ethics team will be able to bring about change?

STUDY the Issue

Diagram the process behind the relevant practice

- Collect firsthand information from multiple sources
- Include people who are directly involved in the process
- Draw and label a process flow diagram

Gather specific data about best practices

- Review the available ethics knowledge on the issue, including ethical guidelines, consensus statements, codes of ethics of professional groups, scholarly publications, and online resources
- Review applicable VA policy and law
- Seek examples of model practices in other facilities
- When appropriate, consult subject matter experts
- Use a combination of available knowledge, practical advice, and ethical analysis to develop best practices

Gather specific data about current practices

- Establish a baseline to compare the results of future improvement efforts against
- Keep data collection efforts simple and targeted
- Practices can often be measured by comparing the number of occurrences of the practice before and after an improvement
- Consider such tools as key informant interviews, focus groups, and existing databases or records
- Consider using already validated instruments rather than designing new surveys
- Consult with local quality management staff

Refine the improvement goal to reflect the ethics quality gap

- Compare best practices to current practices
- Describe the distance between where you are and where you want to be in quantitative terms, if possible
- Define a time frame for the improvement goal, if possible

SELECT a Strategy

Identify the major cause(s) of the ethics quality gap

- Do a root cause analysis
- Involve the people who know or use the process to help identify the causes
- Bear in mind that multiple causes often contribute to the gap
- Use a fishbone or cause-and-effect diagram to diagram the causes

Brainstorm possible strategies to narrow the gap

- Follow the rules of brainstorming:
 - ◆ Indicate clearly when brainstorming begins and ends
 - ◆ Encourage creativity
 - ◆ Keep comments brief
 - ◆ Don't interrupt or criticize
 - ◆ Record comments in the contributor's own words
- ◆ Engage each member of the group
- ◆ Sort through new ideas, critiquing, refining, and reorganizing them
- ◆ Summarize the ideas in a list of strategies

Choose one or more strategies to try

- Search for strategies with the highest likelihood of success, the maximum expected net benefit, and the lowest resource requirements
- Recognize that modest strategies are more likely to be successful than grand plans
- Weigh the likely impacts in terms of their magnitude the degree to which they can be sustained over time
- Consider potential negative consequences
- Make sure the strategy is not itself ethically problematic
- Take into account expected monetary costs, person-hours of staff time, and other resource requirements
- Think about ways to conserve resources, e.g., by trying out a strategy on a small scale before implementing it more widely
- Contact individuals outside of the preventive ethics function to obtain additional information or support as necessary